

Standards and Audit Committee

Wednesday 26 May 2021 at 7.30pm

**Council Chamber
Runnymede Civic Centre, Addlestone**

**Members of the Committee to be confirmed at
Annual Council on 19 May 2021**

In accordance with Standing Order 29.2 any non-member of the Committee who is considering attending the meeting should first request the permission of the Chairman.

A G E N D A

Notes:

- i) Any report on the Agenda involving confidential information (as defined by section 100A(3) of the Local Government Act 1972) must be discussed in private. Any report involving exempt information (as defined by section 100I of the Local Government Act 1972), whether it appears in Part 1 or Part 2 below, may be discussed in private but only if the Committee so resolves.
- ii) The relevant "background papers" are listed after each report in Part 1. Enquiries about any of the Agenda reports and background papers should be directed in the first instance to **Miss C Pinnock, Democratic Services, Law and Governance Business Centre, Civic Centre, Station Road, Addlestone (Tel: Direct Line: 01932 425627) (email: clare.pinnock@runnymede.gov.uk)**.
- iii) Agendas and Minutes are available on a subscription basis. For details, please ring Mr B A Fleckney on 01932 425620. Agendas and Minutes for all the Council's Committees may also be viewed on www.runnymede.gov.uk.
- iv) In the unlikely event of an alarm sounding, members of the public should leave the building immediately, either using the staircase leading from the public gallery or following other instructions as appropriate.
- v) **Filming, Audio-Recording, Photography, Tweeting and Blogging of Meetings**

Members of the public are permitted to film, audio record, take photographs or make use of social media (tweet/blog) at Council and Committee meetings provided that this does not disturb the business of the meeting. If you wish to film a particular meeting, please liaise with the Council Officer listed on the front of the Agenda prior to the start of the meeting so that the Chairman is aware and those attending the meeting can be made aware of any filming taking place.

Filming should be limited to the formal meeting area and not extend to those in the public seating area.

The Chairman will make the final decision on all matters of dispute in regard to the use of social media, audio-recording, photography and filming in the Committee meeting.

vi) The following Measures to comply with current Covid guidelines are in place:

- restricting the number of people that can be in the Council Chamber to 24
- temperature check via the undercroft for Members/Officers and Main Reception for the public
- NHS track and trace register, app scan is next to the temperature check
- masks to be worn when moving around the offices
- masks can be kept on whilst sitting in the chamber if individuals wish
- use of hand sanitisers positioned outside and inside the Council Chamber
- increased ventilation inside the Council Chamber

LIST OF MATTERS FOR CONSIDERATION

PART I

Matters in respect of which reports have been made available for public inspection

1.	FIRE PRECAUTIONS	4
2.	NOTIFICATION OF CHANGES TO COMMITTEE MEMBERSHIP	4
3.	MINUTES	4
4.	APOLOGIES FOR ABSENCE	4
5.	DECLARATIONS OF INTEREST	4
6.	SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT 2020/2021	4
7.	INTERNAL AUDIT PROGRESS REPORT FOR OUTSTANDING RECOMMENDATIONS 2021/2022	20
8.	INTERNAL AUDIT ANNUAL REPORT 2020/2021	34
9.	INTERNAL AUDIT ASSURANCE REPORT – HOUSING – MANAGING HEALTH AND SAFETY 2020/2021	41
10.	ANNUAL GOVERNANCE STATEMENT 2020/2021	58
11.	LOCAL GOVERNMENT ETHICAL STANDARDS – BEST PRACTICE RECOMMENDATIONS – UPDATE ON IMPLEMENTATION	77
12.	COMPLAINTS AND COMPLIMENTS - QUARTER 4 2020/2021	81
13.	EXCLUSION OF PRESS AND PUBLIC	86

PART II

Matters involving Exempt or Confidential Information in respect of which reports have not been made available for public inspection.

- a) Exempt Items
- | | |
|---------------------------------------------------------------------------------|----|
| EXEMPT APPENDIX 1 TO ITEM 12 COMPLAINTS AND COMPLIMENTS
QUARTER 4, 2020/2021 | 87 |
|---------------------------------------------------------------------------------|----|
- b) Confidential Items
- (No items to be considered under this heading)

1. Fire Precautions

The Chairman will read the Fire Precautions, which set out the procedures to be followed in the event of fire or other emergency.

2. Notification of Changes to Committee Membership

3. Minutes

To confirm and sign as a correct record the Minutes of the Committee held on 26 January 2021, which were circulated to all Members in March 2021.

4. Apologies for Absence

5. Declarations of Interest

If Members have an interest in an item please record the interest on the form circulated with this Agenda and hand it to the Legal Representative or Democratic Services Officer at the start of the meeting. A supply of the form will also be available from the Democratic Services Officer at meetings.

Members are advised to contact the Council's Legal section prior to the meeting if they wish to seek advice on a potential interest.

Members are reminded that a registrable interest includes their appointment by the Council as the Council's representative to an outside body. Membership of an outside body in their private capacity as a trustee, committee member or in another position of influence thereon should also be declared. Any directorship whether paid or unpaid should be regarded as a disclosable pecuniary interest, and declared.

Members who have previously declared interests which are recorded in the Minutes to be considered at this meeting need not repeat the declaration when attending the meeting. Members need take no further action unless the item in which they have an interest becomes the subject of debate, in which event the Member must leave the room if the interest is a disclosable pecuniary interest or other registrable interest and/or the interest could reasonably be regarded as so significant as to prejudice the Member's judgement of the public interest.

6. Summary Internal Controls Assurance (SICA) Report 2020/2021 (TIAA, Chris Harris)

Synopsis of report:

To inform Members on the progress made to date by TIAA, the Council's internal auditors, on the 2020/2021 Internal Audit Annual Plan.

Recommendation(s):

None. This report is for information.

1. Context of report

1.1 Attached at Appendix 'A' is the most recent Summary Internal Controls Assurance (SICA) Report (previously the Internal Audit Progress Report) for 2020/2021. Section 12 of Appendix 'A' refers to briefing notes circulated separately to Members.

2. **Report**

2.1 The report identifies the audits which have been completed since the last meeting of this Committee in January 2021, for 2020/2021 planned audits.

2.2 Despite the pandemic and the lost time at the start of the year good progress has been made with the audit plan for 2020/2021 and a majority of audits were completed to draft report by 31 March 2021. All auditing is currently being undertaken remotely and our thanks to the officers of the Council for providing support and assistance during this difficult time. At the time of writing this report three audits were still in progress and an update will be verbally given at the Committee as to their progress.

3. **Resource implications**

3.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

4. **Legal and Equality implications**

4.1 None.

(For information)

Background papers

Relevant Internal Audit working files and reports

Runnymede Borough Council

Summary Internal Controls Assurance (SICA) Report

2020/21

Standards and Audit Committee 26 May 2021

May 2021

Summary Internal Controls Assurance

Introduction

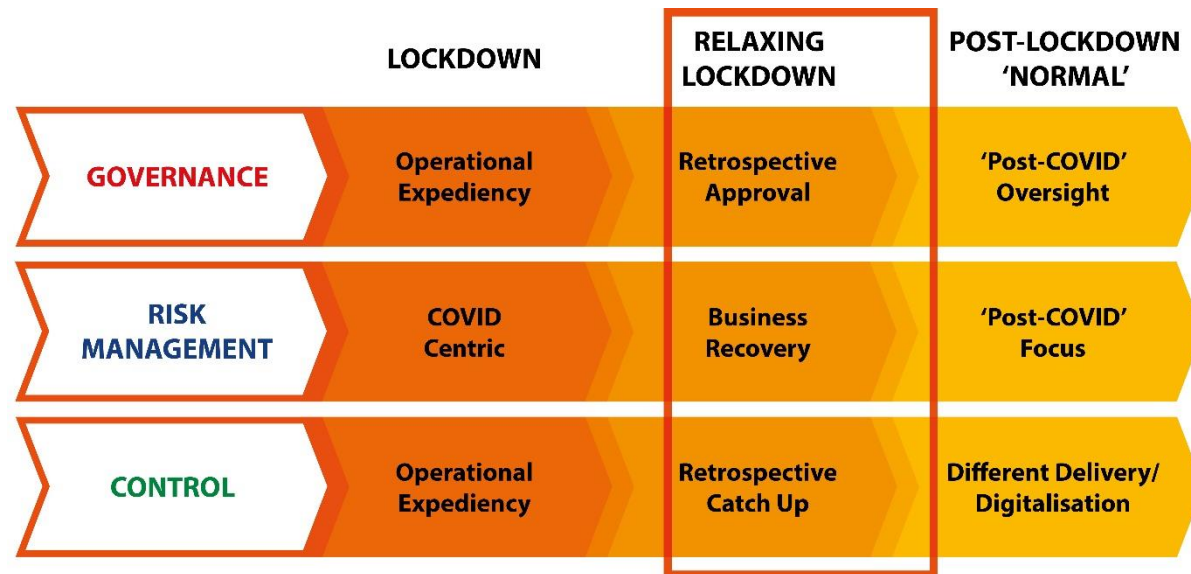
1. This Summary Internal Controls Assurance (SICA) report provides the Standards and Audit Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Runnymede Borough Council as at 4th May 2021. The period covered by this summary internal controls assurance report was impacted by the COVID 19 pandemic.

Emerging Governance, Risk and Internal Control Related Issues

2. COVID 19 is the most significant recent event to impact both strategically and operationally upon modern day Governance, Risk and Internal Control arrangements. It is clear that there has been and will continue to be a number of phases in relation to the move through the pandemic, and that the local and national picture can worsen as well as improve. Each phase has different implications for Governance, Risk and Internal Control arrangements, however, the way in which organisations have transitioned to revised ways of working is not necessarily directly linked to the local or national picture.

The box in the table below signifies the assessment of the current stage, which has gradually eased from Relaxing towards Post-Lockdown Normal during the period covered by this SICA.

Impact on COVID 19 on strategic focus during business interruption



3. There are a range of operational matters arising from the COVID 19 pandemic which impact upon the Governance, Risk and Internal Control arrangements and examples of such have been summarised in Appendix A. During the COVID 19 period it would be prudent for Runnymede Borough Council to compare the policies, procedures and internal control processes in effect during the pandemic against the policies, procedures and internal control processes in effect prior to the onset of the pandemic. The matters identified should be risk assessed so as to gain awareness about where the undetected vulnerabilities that may exist so that an informed decision can be made around acceptance of such risks.



Internal Control Framework

Audits completed since the last SICA report to the Audit Committee

4. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

Audits completed since previous SICA report

Review	Evaluation	Key Dates				Number of Recommendations			
		Start Date	Draft issued	Responses Received	Final issued	1	2	3	OEM
2020/21 Final Reports									
Project Management Toolkit	Substantial	13.01.21	13.04.21	26.04.21	18.04.21	0	0	2	1
Commercial Rents	Substantial	12.06.20	19.01.21	17.02.21	19.02.21	0	0	1	0
Key Revenues Controls	Substantial	06.10.20	04.03.21	09.03.21	11.03.21	0	0	0	0
Key Financial Controls	Substantial	08.10.20	29.03.21	01.04.21	01.04.21	0	0	3	0
Income – Cash and Bank	Reasonable	04.12.20	30.03.21	01.04.21	01.04.21	0	1	1	0
Budgetary Control	Substantial	14.10.20	17.12.20	12.02.21	15.02.21	0	0	0	0
Housing - Rents	Substantial	04.12.20	23.03.21	27.03.21	29.04.21	0	0	1	0
Housing – Health and Safety	Limited	04.06.20	17.12.20	22.01.21	25.01.21	1	3	2	3
Housing – Repair and Maintenance	Reasonable	04.06.20	21.12.20	22.01.21	25.01.21	0	2	1	1

5. The Executive Summaries and the Management Action Plans for each of the finalised reviews which have recommendations 1 and 2 are included at Appendix B. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress in actioning priority 1 & 2 recommendations

6. We have made one Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. The priority 1 recommendations was made in the Housing – Health and Safety Audit as follows: *A complete review of Health & Safety policies and procedures be carried out to ensure that a robust framework is in place to manage and monitor Health & Safety compliance.* This audit and recommendation are detailed in Appendix D of this report. The table below summarises the extent to which confirmation has been received that management actions have been taken that the risk exposure identified has been effectively mitigated. More information is provided in Appendix D. Please note that as Housing – Health and Safety is a Limited Assuranc audit the full report is included in this Committee’s papers.

Mitigating risk exposures identified by internal audit reviews

Review	Date	Priority 1			Priority 2		
Income – Cash and Bank					1		
Housing – Health and Safety		1			3		
Housing – Repair and Maintenance					2		

Root Cause Indicators

7. The Root Cause Indicators (RCI) have been developed by TIAA to provide a strategic rolling direction of travel governance, risk and control assessment for Runnymede Borough Council. Each recommendation made is analysed to establish the underlying cause of the issue giving rise to the recommendation (RCI). The analysis needs to be considered over a sustained period, rather than on an individual quarter basis. Percentages, rather than actual number of reviews/recommendations made permits more effective identification of the direction of travel. A downward arrow signifies a positive reduction in risk in relation to the specific RCI. **NOTE: The table below will provide more meaningful data once sufficient audits have been finalised.**

RCI – Direction of Travel Assessment

Root Cause Indicator	Qtr 3 (2020/21)	Qtr 4 (2020/21)	Qtr 1 (2021/22)	Qtr 2 (2021/22)	Medium term Direction of Travel	Audit Observation
Directed						
Governance Framework	41%	60%			→	
Risk Mitigation					→	
Control Compliance	53%	40%			→	
Delivery						
Performance Monitoring	6%				→	
Financial Constraint					→	
Resilience					→	

As a new initiative the above table will be populated with the outcomes and results from the 2020/21 audits onwards.

Progress against the 2020/21 Annual Plan

8. **COVID 19:** The progress against the planned work has been disrupted by the COVID pandemic. In mid-March, when the potential scale and impact of COVID 19 was becoming evident it was agreed with Runnymede Borough Council that the delivery of the internal audit service would be carried out remotely thereby minimising the need to physically access Runnymede Borough Council’s offices/premises and to hold face to face meetings. Following discussions with the senior management at Runnymede Borough Council advised that the 2020/21 audit plan could commence towards the end of June 2020. Audit fiedwork is now well advanced for the 2020/21 year with many audits either at draft or finalised and others in progress.
9. Our progress against the Annual Plan for 2020/21 is set out in Appendix C.

Changes to the Annual Plan 2020/21

10. A number of audits are now planned for Quarter 4. These are referred to in Appendix C. There are no additional changes to the 2020/21 audit plan for the Standards and Audit Committee to note since the last report to Committee.

Review	Rationale for change
No additional changes since last S & A Cttee	

Frauds/Irregularities

11. We have not been advised of any frauds or irregularities in the period since the last SICA (progress) report was issued.

Other Matters

12. We have issued the follwoing briefing notes and/or fraud digests to our local government clients since the last SICA report.

Briefing Note	Management Response
Restrictions Public Sector Exit Payments – February 2021	
Ensuring wording on job applications reflects the revised DBS rules – Febryary 2021	
Revoking Public Sector Exit Payments – February 2021	
White paper integration and innovation working together to improve health and social care for all – February 2021	

Cyber The importance of preparedness – March 2021	
Fraud Alert	Management Response
NAO Good practice guidance fraud and error – March 2021	

13. We have reviewed recent guidance issued by the Internal Audit Standards Advisory Board (IASAB) in relation to internal auditing during the COVID-19 pandemic. The guidance aims to support heads of internal audit and individual internal auditors in continuing to meet their personal and professional responsibilities for conforming the UK Public Sector Internal Audit Standards (PSIAS). We can confirm continued conformance with the professional standards during this period.

Responsibility/Disclaimer

14. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.



Covid 19 – Governance, Risk and Control considerations during ‘lockdown’ phase

Area	Possible assurance from internal audit
<p>Governance: The speed of the need to respond to COVID 19 has significantly impacted on the strategic governance infrastructure:</p> <ul style="list-style-type: none"> • Urgent decisions taken for urgent operational reasons which would normally have gone through Council/Committee review and approval • Extension and rollover of procurement contracts • Disruption to management information received by Members • Operational necessity for management dispensation to scheme of delegation and financial regulations • Move to remote working for reactive operational expediency reasons, rather than as part of a pre-planned strategy 	<p>Covid-19 Financial Governance: A review of financial governance and decision making following the business interruption caused by Covid-19, including assessing the accountability for additional spend on Covid-19 related activity.</p>
<p>Risk Management: The markers which differentiate COVID 19 pandemic from most business resilience/recovery plans are:</p> <ul style="list-style-type: none"> • Speed of major disruption to business as usual did not permit normal level of preparation • International as well UK-wide, not local • Level of government intervention • Duration and severity • Move to medium term remote working arrangements by staff and suppliers • Consequential impact upon all the previous strategic risks 	<p>Business as Usual Resumption Arrangements: Targeted post-event risk mitigation assessment to identify any unintentional gaps in the risk management framework</p>
<p>Internal Control: COVID 19 has provided the perfect storm both in a positive as well as negative manner. The positive aspects are the expeditious embracing of digital business delivery. It is recognised that a number of government and/or regulatory guidance requirements were issued at short notice and many of these were without the normal consultation and similar. On a negative basis the following need to be recognised:</p> <ul style="list-style-type: none"> • Suppliers and contractors being unable to deliver contracted services • Increased digitalisation introduced at very short notice increases information governance risks • Temporary compromise of effective segregation of duties due to staff absences and/or remote working etc • Fraudsters seeking to take advantage of COVID disruption • Deferment and/or reprioritisation of services • Sudden and significant change in demand patterns for services 	<p>COVID-19 Business Interruption Controls Framework: To review the control environment in relation to policy and process design or temporary re-design, taking into account the heightened risk of fraud and changes to ways of working.</p> <p>Accountability for Additional COVID-19 Funding: Revisiting the control framework for when emergency payments shift into longer term services – especially where large sums are invested.</p>

Executive Summaries and Management Action Plans

The following Executive Summaries and Management Action Plans are included in this Appendix. Full copies of the reports are available to the Standards and Audit Committee Members on request. Where a review has a 'Limited' or 'No' Assurance assessment the full report will be presented to the Standards and Audit Committee and therefore is not included in this Appendix.

Review	Evaluation
Income – Cash and Bank	Reasonable
Housing – Repair and Maintenance	Reasonable





Progress against Annual Plan – 2020/21


System	Type	Planned Days	Actual Days	Assurance Assessment	Comments
Commercial Property	Assurance	8	8	Substantial	Draft report
Business Continuity		6	0		Audit cancelled will be done in 2021/22
Data Protection - (Information Governance)	Assurance	6	11	Reasonable	Final report
Commercial Rents	Assurance	6	6	Substantial	Final report
Human Resources – Absence Management		6	0		Audit cancelled will be done in 2021/22
Communications	Assurance	8	8	Reasonable	Final report
Procurement	Assurance	8	8		Audit in progress
Project Management Toolkit	Assurance	6	6	Substantial	Final report
Key Revenues Controls	Assurance	20	20	Substantial	Final report
Benefits and Council Tax Support	Assurance	Inc			Final report
Non-Domestic Rates (NDR)	Assurance	Inc			Final report
Council Tax	Assurance	Inc			Final report
Key Financial Controls	Assurance	12	12	Substantial	Final report
Accounts Payable (Creditors)	Assurance	Inc			Final report
Accounts Receivable (Debtors)	Assurance	Inc			Final report
Treasury Management	Assurance	Inc			Final report
Income – Cash and Bank	Assurance	6	6	Reasonable	Final report
Main Accounting (General Ledger)	Assurance	6	6		Audit in progress
Payroll	Assurance	8	8	Substantial	Final report
Budgetary Control	Assurance	6	6	Substantial	Final report
ICT – Active Directory	Assurance	8	8	Reasonable	Final report


ICT – Network Security	Assurance	8	8	Reasonable	Final report
Depot – to include Commercial (Trade) Waste from 2017/18	Assurance	6	11		Audit in progress
Planning Enforcement		8	0		Audit cancelled will be done in 2021/22
Local Plan audit (Follow up)	Follow up	3	3	Substantial	Final report
Housing Rents	Assurance	6	6	Substantial	Final report
Housing Health and Safety	Assurance	10	10	Limited	Final report
Housing Repair and Maintenance	Assurance	12	12	Reasonable	Final report
Community Transport	Assurance	8	8	Reasonable	Final report
Safeguarding/Prevent	Assurance	6	6	Reasonable	Final report
Follow up of recommendations	Follow up	12	12	N/A	Final report
	Total Days	199	189		

KEY:

 To be commenced

 Site work commenced

 Draft report issued

 Final report issued

Priority 1 & 2 Recommendations - Progress update

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<i>Income – Cash and Bank</i>						



Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
<p>Action be taken to ensure that cashbook reconciliations are frequently carried out in order to promptly identify any discrepancies, with training provided at the earliest opportunity to allow for greater resilience across the service area.</p>	2	<p><i>The last year has been incredibly challenging for a whole host of reasons. The new Accountancy Assistant started the week of the first lockdown, and being mainly a manual paper based exercise it was not possible to train them up remotely. Whilst reconciliations of expenditure have been undertaken monthly during the year, only partial income reconciliations have been achieved in a timely manner. This was in part due to the need to fully understand the new Civica Income Management System (which was implemented in stages, meaning that for a majority of the year two systems were in operation), additional Covid related responsibilities being undertaken by the Finance team and, an incredibly protracted and time consuming external audit, leaving resources stretched.</i></p> <p><i>It should be noted that whilst the importance of prompt reconciliations is understood, the intensive closing of accounts period and budget setting cycle will always take priority during the year and resources will be focussed there during these times. There will therefore always be a need to play “catch-up” with reconciliations during the year.</i></p>	End of Nov 2021	Housing Accountant		

Recommendation	Priority	Management Comments	Implementation Timetable	Responsible Officer	Action taken to date (and any extant risk exposure)	Risk Mitigated
Housing – Repair and Maintenance						
Revised Housing Asset Management Strategy be finalised at the earliest opportunity.	2	<i>The Asset Management Plan is being created by the new Corporate Head of Housing and is due to be aired at the March Housing Committee meeting for sign off.</i>	March/April 2021	Corporate Head of Housing		
A full review of Maintenance and Repairs policies be carried out to ensure that a robust framework is in place for managing the service.	2	<i>Agreed - The policy will be review in 2021 once the AMP has been produced and agreed as a live document.</i>	July 2021	Head of Housing Technical Services		

KEY: Priority Gradings (1 & 2)

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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Risk Mitigation

CLEARED	Internal audit work confirms action taken addresses the risk exposure.	ON TARGET	Control issue on which action should be taken at the earliest opportunity.	EXPOSED	Target date not met & risk exposure still extant
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7. **Internal Audit Progress Report for Outstanding Recommendations (TIAA, Chris Harris)**

Synopsis of report:

To inform Members on the progress made by Council Officers in implementing the recommendations made by TIAA, the Council's internal auditors, resulting from the internal audit work.

Recommendation(s):

None. This report is for information.

1. **Context of report**

1.1 Attached at Appendix 'B' is TIAA's Follow Up Report on Recommendations made following completion of the internal audit work. This exception report summarises outstanding recommendations as at 7 May 2021.

2. **Resource implications**

2.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

3. **Legal and Equality implications**

3.1 None.

(For information)

Background papers

Relevant Internal Audit working files and reports

Runnymede Borough Council

Internal Audit Progress Report for Outstanding Recommendations

2021-22

May 2021

Executive Summary

Introduction

1. This summary report provides the Standards and Audit Committee with an update on the progress in implementing the priority 1, 2 and 3 recommendations arising in previous internal audit reports.
2. This follow up review was carried out in April 2021. Since the previous follow up review was carried out (January 2021), 27 recommendations have reached their initial or revised target implementation date.

Key Findings & Action Points

3. The follow up review considered whether the management action taken addresses the control issues that gave rise to the recommendations. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss. From the work carried out the following evaluations of the progress of the management actions taken to date have been identified.

Evaluation	Number of Recommendations
Implemented	13
Outstanding	14
No Longer Applicable	0
Not Implemented	0

4. For the 13 recommendations that have been confirmed as implemented, no further action is necessary and specific details have not been included in this report.
5. For the 14 recommendations classified as Outstanding, these will continue to be periodically monitored, and details relating to the specific recommendations in these cases have been included in the Detailed Findings section below. In 11 cases revised implementation dates have been set. In one case relating to Data Protection training, an update on training completion statistics was not available at the time of the follow up due to the sickness absence of a member of staff. In addition, status updates were not provided in relation to two recommendations from the 20/21 Payroll review.



Scope and Limitations of the Review

6. The review considers the progress made in implementing the recommendations made in the previous internal audit reports and to establish the extent to which management has taken the necessary actions to address the control issues that gave rise to the internal audit recommendations.
7. The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud.
8. For the purposes of this review reliance was placed on management to provide internal audit with full access to staff and to accounting records and transactions and to ensure the authenticity of these documents.

Release of Report

9. The table below sets out the history of this report.

Date report issued:	May 2021
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Detailed Findings

Follow Up

10. Management representations were obtained on the action taken to address the recommendations and limited testing has been carried out to confirm these management representations. The following matters were identified in considering the recommendations that have not been fully implemented:

11. Data Protection

Audit title	Data Protection	Audit year	2020/21	Priority	2
Recommendation	Action be taken to ensure that all staff complete the mandatory Data Protection training on an annual basis.				
Initial management response	<p>A review of the training programme had been undertaken by the DPO and IGO. It was acknowledged that the existing course is not the most user-friendly. We have looked to create a shorter refresher data protection course from April 2021.</p> <p>In the meantime, the existing training has been re-launched for completion by end of October 2020 (or April 2021 if completed in the last six months). We have suggested that data protection training is linked to appraisals.</p>				
Responsible Officer/s	All Line Managers / Learning and Development Manager	Original implementation date	Relaunch of current training- 01/09/20 Training completed by 31/10/20 (unless the individual has completed the training within the last 6 months. Then completion date by 31/03/21) Launch of new training by 01/04/2021	Revised implementation date	TBC
Latest Update	<p>It was confirmed that this has been partially implemented as the training had been re-launched. As at December 2020, 27% of employees were still required to complete the training; it was advised that due to the Covid 19 response some officers have not been able to prioritise this training.</p> <p>As at April 2021, due to long term sickness absence of a member of staff, the current statistics on e-learning completion were not available at the time of this follow up review. This will continue to be monitored as part of periodic follow-up reviews.</p>				
Status	Outstanding				

Audit title	Data Protection	Audit year	2020/21	Priority	3
Recommendation	The format of the Record of Processing Activities (RoPA) be reviewed to ensure that the focus is on individual processing activities rather than the information asset.				
Initial management response	(i) The DPO will review RoPA layout and number of columns currently included to make the spreadsheet concise and easier to complete. (ii) A separate IAR will be created using the information removed from the RoPA to ensure the Council has the appropriate oversight of data.				
Responsible Officer/s	(iii) Data Protection Officer/SIRO	Original implementation date	31/03/21	Revised implementation date	31/07/21
	(iv) Information Governance Officer/SIRO				
Latest Update	It was confirmed that a new RoPA template has been created and used for the review of RoPAs, therefore that part of the recommendation has been implemented. A template Information Asset Register has also been created. The Information Governance Officer is in the process of updating these for the relevant service areas but due to unforeseen circumstances the completion of these has been delayed with a revised completion date of 31/07/2021.				
Status	Outstanding			A revised target date has been set.	



12. Housing Enforcement

Audit title	Housing Enforcement	Audit year	2019/20	Priority	2
Recommendation	Statement of Procedures on Antisocial Behaviour be reviewed to ensure it mirrors the current procedure followed and lists the minimum procedures to be undertaken in each case and/or exceptions where the full process stated does not need to followed based on the type of complaint received.				
Initial management response	<p>Agree this and will take a reviewed procedure to Housing Committee Consultation to be carried out 1st to 28th January.</p> <p>We do not feel that this comment reflects the nature of ASB. The commitment is to a full response within 15 days which does not mean case closure. We are committing to every complainant receiving a full response which means not an acknowledgement but information on how we propose to deal with the complaint, actions the complainant needs to take and what we will do etc. In some cases where there is a complaint this may result in a response that includes closure of the case within the stated timeframe, however many ASB complaints are complex and will be lengthy but all complainants will receive a full response to their initial complaint within 15 days as standard. This 15-day target ensures that a response is provided whatever the nature of the complaint.</p>				
Responsible Officer/s	Head of Housing	Original implementation date	31/03/20 (revised to 30/11/20 and 28/02/21)	Revised implementation date	09/06/21
Latest Update	It was confirmed that both the revised Statement of Procedures for ASB and ASB Policy have been completed, having been reviewed by specialist organisation Resolve. Following consultation with residents, it is intended that the new ASB Policy and statement of procedures will be presented to Committee on 9 th June. A revised implementation date has therefore been set.				
Status	Outstanding			A revised target date has been set.	



13. ICT Mobile Device Management

Audit title	ICT Mobile Device Management	Audit year	2019/20	Priority	2
Recommendation	A more regular review schedule be put in place for all policies and procedure documents relating to Mobile Device Management, with additional detail to be added to the current Mobile Device Management policies as per the report text.				
Initial management response	Agreed, the policies will be updated as the contracts come up for review moving forward but all will be done by the end of the calendar year.				
Responsible Officer/s	Infrastructure and Security Manager	Original implementation date	31.12.19 (revised to 31.03.21)	Revised implementation date	31.03.22
Latest Update	<p>It had previously been advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic meant they had not made as much progress as they would have liked. Digital Services had started to review all policies and procedures, and a revised implementation date of March 2021 was provided.</p> <p>During this follow up review, it was advised that with a second lockdown and other pressing priorities, the documentation on these policies have not yet been concluded. The mobile device contract is coming up for review in 21/22 and therefore the policies will be updated in line with the new specification and requirements that will form part of the new contract, so a revised date of March 2022 is required.</p>				
Status	Outstanding			A revised target date has been set.	

Audit title	ICT Mobile Device Management	Audit year	2019/20	Priority	2
Recommendation	Regular risk assessments of their mobile devices and installed software be implemented and scheduled.				
Initial management response	Whilst the recommendation is noted, it will be difficult to implement particularly for staff who have their own devices which they then have access to their work e-mails on. All staff sign up to the Council's ICT protocol and the Member protocol has also been reviewed so everyone is aware of the risks around data security and loss. Management will consider how security can be improved without conducting onerous risk assessments on staff personal devices.				
Responsible Officer/s	Infrastructure and Security Manager	Original implementation date	31.03.20 (revised to 31.03.21)	Revised implementation date	31.03.22
Latest Update	It had been previously advised by the Corporate Head of Customer, Digital and Collection Services that the departure of the Digital Services Manager in February 2020 and the response required from Digital Services during the Coronavirus pandemic had meant they had not made as much progress as they would have liked. Both the mobile and telephony contracts were due to be reviewed but in the meantime all devices were locked down by				

Digital Services to reduce the risk of staff downloaded apps or content that pose a risk. As part of the telephony review, DS would be reviewing policies and the number of staff who require work phones. A revised implementation date of March 2021 was provided.

During this follow up review, it was advised that DS have removed all admin rights to mobile phones and maintain phone passwords to prevent staff from downloading software to their phones. Under the recent telephony review, as the mobile phone contract was not up for renew, this was out of scope. However the mobile phone contract is due to be reviewed in 21/22 and this security aspect will form part of the requirements gathering. A revised date of March 2022 is therefore required.

15. Internal Communications

Audit title	Internal Communications	Audit year	2020/21	Priority	2
Recommendation	Internal Communications Strategy be reviewed to include greater clarity over the specific time period for the strategy, roles and responsibilities within the Council, and a detailed action plan.				
Initial management response	The existing draft strategy will be reviewed between January 2021 and March 2021 with a view to being approved by the relevant council committee in April 2021. As explained to the auditor at the start of the process, no previous strategy had existed at the Council. The strategy submitted as part of the audit process was a first draft provided to demonstrate its existence. It had not yet been reviewed by appropriate staff within the Council, or elected members.				
Responsible Officer/s	Communications Manager	Original implementation date	April 2021	Revised implementation date	July 2021
Latest Update	It was advised by the Communications Manager that this has been delayed due to focusing on the Coronavirus response, along with a member of the team who did most of the internal communications work leaving the Council. It was advised that the existing draft strategy will be reviewed between April and June 2021, with a view to being approved by the relevant council committee in July 2021.				
Status	Outstanding			A revised target date has been set.	

Audit title	Internal Communications	Audit year	2020/21	Priority	2
Recommendation	Corporate guidance be developed as to minimum expectations or good practice in terms of both vertical and horizontal communications.				
Initial management response	Guidance will be developed taking into account local conditions in Runnymede. It is generally felt that staff members who have reached the level of a manager or senior manager would have developed communication skills throughout their career and understand how best to communicate with their teams and individual colleagues, hence the light touch approach, as each service area has its own norms. Performance management training for managers and senior managers provided by HR in 2019 implicitly covered some of these types of topics, although it was not intended as communications training. The level of resource available within the Communications team to support internal communication also needs to be taken into account when deciding how formalised an approach to take. That said, baselining and minimum expectations and advice on topics and approaches will be helpful to give a general steer				
Responsible Officer/s	Communications Manager	Original implementation date	March 2021	Revised implementation date	July 2021
Latest Update	It was advised by the Communications Manager that this has been delayed due to focusing on the Coronavirus response, along with a member of the team who did most of the internal communications work leaving the Council. Guidance will be reviewed as part of the review of the existing draft strategy.				
Status	Outstanding			A revised target date has been set.	

16. Payroll

Audit title	Payroll	Audit year	2020/21	Priority	3
Recommendation	To ensure appropriate checks can be completed in all cases, line managers to be reminded of the need to provide payroll instructions in a timely manner in advance of each pay run, with claims processed in the following pay run where they are not received by the cut-off date. Procedures should also be reviewed to ensure that these appropriately document any limited circumstances in which it is deemed acceptable by management to process payroll data without the independent check being completed.				
Initial management response	Agreed – will email managers reminding them to provide information in a timely manner. Will also review the procedures to see if we can document about whether deemed acceptable to process without independent check.				
Responsible Officer/s	Senior Exchequer Services Officer (Payments & Payroll); Exchequer Services Manager.	Original implementation date	31/01/21	Revised implementation date	
Latest Update	Status updates were not provided at the time of the follow up review.				
Status	Outstanding				

Audit title	Payroll	Audit year	2020/21	Priority	3
Recommendation	Supporting evidence to be maintained in all cases. With respect to secondary checks, options to be explored to evidence these elsewhere (for example on the supporting claims themselves) in the circumstances where these cannot be recorded on the payroll input files.				
Initial management response	Agreed.				
Responsible Officer/s	Senior Exchequer Services Officer (Payments & Payroll)	Original implementation date	31/01/21	Revised implementation date	
Latest Update	Status updates were not provided at the time of the follow up review.				
Status	Outstanding				

17. Planning Enforcement

Audit title	Planning Enforcement	Audit year	2019/20	Priority	2
Recommendation	Enforcement Charter be revisited, in particular around the target number of days for an initial investigation to be undertaken, to ensure these are realistic and reflect actual working practices.				
Initial management response	<p>The review of the Planning Enforcement Charter is programmed for review in the Development Management and Building Control Business Plan 2020/2021 (see objective DM7).</p> <p>The Business Plan 2020/2021 is being considered by Planning Committee on 4 December 2019.</p> <p>In addition, the Business Plan 2020/2021 is requesting approval of additional staffing resources including two additional planning enforcement officers which if approved, will assist in enhancing investigation times.</p>				
Responsible Officer/s	Development Manager	Original implementation date	31/03/21	Revised implementation date	31/03/22
Latest Update	<p>It was advised by the Development Manager that, further to agreement of the Business Plan for 2021/2022, Members agreed a new structure within the Development Management team, including a new Assistant Development Manager to oversee Planning Enforcement, CIL and specialists. An officer has been appointed and is expected in post mid-May 2021, and there will also be a change in personnel for the Development Manager post. Any other post for enforcement will need to be the subject of separate member consideration, set against current budget constraints.</p> <p>The imminent change of structure, alongside difficulties faced during the pandemic, have meant that a review of the Enforcement Charter has not yet taken place. It was also advised that Members have been discussing other matters with the Corporate Head of Development Management and Building Control and these matters have taken priority over a review of the Enforcement Charter. It was therefore advised that this review would take place within the 2021/2022 business plan cycle.</p>				
Status	Outstanding			A revised target date has been set.	



18. Safeguarding

Audit title	Safeguarding	Audit year	2020/21	Priority	2
Recommendation	Action be taken to ensure that all staff complete the mandatory Safeguarding training, with training requirements established for refresher training and Member training.				
Initial management response	This will be taken up with the learning and development officer in HR to look at the take up of the mandatory training and refresher courses.				
Responsible Officer/s	Learning and Development Officer, Corporate Head of Community Development	Original implementation date	31/01/21	Revised implementation date	31/01/22
Latest Update	It was advised that a reminder was sent to all Corporate Heads with details of staff who had yet to complete the e-learning module. Progress with refresher training requirements has been delayed due to a member of staff being absent for a period of sick leave. A revised implementation date was provided for refresher training to be reviewed in early 2022.				
Status	Outstanding			A revised target date has been set.	

Audit title	Safeguarding	Audit year	2020/21	Priority	3
Recommendation	Policies/procedures be reviewed to incorporate details in relation to (i) processes where safeguarding concerns relate to the conduct of staff or Councillors, and (ii) standard Safeguarding requirements / contract clauses to ensure that organisations acting on behalf of the Council are implementing safe working procedures and sharing information about safeguarding incidents.				
Initial management response	Surrey wide there have been further discussions about reviewing policies and the comments will be picked up as part of this review.				
Responsible Officer/s	Corporate Head of Community Development	Original implementation date	31/03/21	Revised implementation date	30/09/21
Latest Update	It was advised by the Corporate Head of Community Development that as part of the recent section 11 audit there was no negative feedback on the policy. However, the policy will be reviewed and compared to policies from other local authorities which have recently been updated and praised as being a good benchmark. This is currently a work in progress, with any updated policy going to Corporate Management Committee over the summer. A revised implementation date has therefore been set.				
Status	Outstanding			A revised target date has been set.	

Audit title	Safeguarding	Audit year	2020/21	Priority	3
Recommendation	Roles and responsibilities for departmental Safeguarding representatives be formalised, with contact information made readily available to all staff.				
Initial management response	A more formalised process will be introduced for safeguarding leads across the Council.				
Responsible Officer/s	Corporate Head of Community Development	Original implementation date	31/03/21	Revised implementation date	31/05/21
Latest Update	It was advised by the Corporate Head of Community Development that this is currently a work in progress, with advice also sought from neighbouring authorities as to how they have set up their internal safeguarding process. A revised implementation date has been set.				
Status	Outstanding			A revised target date has been set.	

Audit title	Safeguarding	Audit year	2020/21	Priority	3
Recommendation	Corporate process/guidance be established in relation to record keeping to ensure a consistent approach across the Council for documenting Safeguarding decisions / referrals, and to enable effective monitoring of cases.				
Initial management response	Develop guidance on safeguarding referrals and their documentation.				
Responsible Officer/s	Corporate Head of Community Development	Original implementation date	31/03/21	Revised implementation date	31/05/21
Latest Update	It was advised by the Corporate Head of Community Development that an internal log of referrals is currently a work in progress, including setting up a centralised spreadsheet for service areas to include referral details. A revised implementation date has been set.				
Status	Outstanding			A revised target date has been set.	



8. **Internal Audit Annual Report 2020/2021 (TIAA, Chris Harris)**

Synopsis of report:

To inform Members on audit work undertaken during 2020/2021 and to provide a Head of Internal Audit opinion based on the outcomes of our work

Recommendation(s):

None. This report is for information.

1. **Context of report**

1.1 Attached at Appendix 'C' is the Internal Audit Annual Report.

2. **Report**

2.1 At the end of each financial year the Head of Internal Audit reviews the outcomes from all the audit work undertaken in year and in particular notes the assurance outcome for each audit. Based on the work undertaken in 2020/2021 the Head of Audit is able to give a positive opinion on the governance, risk and control framework for Runnymede BC.

3. **Resource implications**

3.1 The audit service is budgeted for in the Council's annual budgets, with a small contingency to cover unforeseen audits.

4. **Legal and Equality implications**

4.1 None.

(For information)

Background papers

Relevant Internal Audit working files and report



Runnymede Borough Council

Internal Audit Annual Report

2020/21

May 2021

Internal Audit Annual Report

Introduction

This is the 2020/21 Annual Report by TIAA on the internal control environment at Runnymede Borough Council. The annual internal audit report summarises the outcomes of the reviews we have carried out on the organisation's framework of governance, risk management and control. This report is designed to assist the Council in making its annual governance statement.

Limitations on our opinion arising from Covid-19

The impact of COVID-19 on all public sector services has been significant including changes to ways of working, reprioritising services, redeploying staff and stretching capacity; the impact has been present throughout the whole of 2020/21 in varying degrees.

For internal audit, it has raised the question of whether they have been able to undertake sufficient internal audit work to gain assurance during 2020/21. This is a key consideration to fulfil the requirement of the Public Sector Internal Audit Standards (PSIAS) for the Head of Internal Audit (HIA) when issuing their annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This opinion is in turn one of the sources of assurance that the organisation relies on for its Annual Governance Statement. Factors that need to be taken in to account in reaching a conclusion include:

- Has any reduction in coverage compared to what was planned resulted in insufficient assurance work?
- Have any limitations in the scope of individual assignments resulted in it only being possible to place partial assurance on the outcome?
- Have changes in ways of working led to gaps in the governance, risk management and control arrangements?

TIAA understands the considerable challenges and the difficult decisions that organisations are having to deal with, however, the professional and regulatory expectations on public bodies to ensure that their internal audit arrangements conform with PSIAS have not changed. In this difficult situation, heads of internal audit will need to consider whether they can still issue the annual opinion or whether there will need to be a limitation of scope.

A limitation of scope arises where the HIA is unable to draw on sufficient assurance to issue a complete annual opinion in accordance with the professional standards. This is an issue not only for the HIA but also for the leadership team and the Standards and Audit Committee who normally rely on that opinion. It may also have wider consequences for stakeholder assessments of the organisation.

What this means for Runnymede Borough Council

No impact on the delivery of planned work

There has been minimal or no impact on the delivery of the internal audit work for 2020/21 as a result of the COVID-19 pandemic. Whilst there was an impact on delivery of the work in the early part of the year during the initial lockdown, we are able to deliver the planned work by year-end (or shortly thereafter). There have been no changes to the planned work as a result of COVID-19; any changes to the plan were based on purely on business/operational need.

As a result, our opinion has been amended to reflect this reduced coverage and can only give assurance on the areas that we have covered rather than on the wider governance, risk and control framework.

HEAD OF INTERNAL AUDIT'S ANNUAL OPINION

I am satisfied that sufficient internal audit work has been undertaken to allow me to draw a positive conclusion as to the adequacy and effectiveness of Runnymede Borough Council's risk management, control and governance processes. In my opinion, Runnymede Borough Council has adequate and effective management, control and governance processes in place to manage the achievement of their objectives.

Internal Audit Planned Coverage and Output

The 2020/21 Annual Audit Plan approved by the Standards and Audit Committee (28 July 2020) was for 199 days of internal audit coverage in the year.

During the year there were a number of changes to the Audit Plan and these changes were approved by the Standards and Audit Committee during the year.

The planned work that has been carried out against the plan and the status of work not completed is set out at Annex A.

No extra work was carried out which was in addition to that set out in the Annual Audit Plan.

Assurance

TIAA carried out 21 reviews (3 audits are still in progress), which were designed to ascertain the extent to which the internal controls in the system are adequate to ensure that activities and procedures are operating to achieve the Organisation's objectives. For each assurance review an assessment of the combined effectiveness of the controls in mitigating the key control risks was provided. Details of the completed audits are provided in Annex A and a summary is set out below.

Assurance Assessments	Number of Reviews	Previous Year
Substantial Assurance	9	15
Reasonable Assurance	8	6
Limited Assurance	1	1
No Assurance	0	0

The areas on which the assurance assessments have been provided can only provide reasonable and not absolute assurance against misstatement or loss and their effectiveness is reduced if the internal audit recommendations made during the year have not been fully implemented.

We made the following total number of recommendations on our audit work carried out in 2020/21. The numbers in brackets relate to 2019/20 recommendations

Urgent	Important	Routine
1 (0)	22 (15)	23 (21)

Audit Summary

Control weaknesses: There was one area reviewed by internal audit where it was assessed that the effectiveness of some of the internal control arrangements provided 'limited' or 'no assurance'. Recommendations were made to further strengthen the control environment in these areas and the management responses indicated that the recommendations had been accepted.

Operational Effectiveness Opportunities: One of the roles of internal audit is to add value and during the financial year we provided advice on opportunities to enhance the operational effectiveness of the areas reviewed and the number of these opportunities is summarised below.

Operational
9

Independence and Objectivity of Internal Audit

There were no limitations or restrictions placed on the internal audit service which impaired either the independence or objectivity of the service provided.

Performance and Quality Assurance

The following Performance Targets were used to measure the performance of internal audit in delivering the Annual Plan.

Performance Measure	Target	Attained
Completion of Planned Audits	100%	86%
Audits Completed in Time Allocation	100%	86%
Final report issued within 10 working days of receipt of responses	95%	100%
Compliance with Public Sector Internal Audit Standards	100%	100%

Achievement of the "Completion of Planned Audits" and Audits Completed in Time Allocations" have been impacted by the effects of COVID 19 resulting initially in a period of little activity through to remote working for the rest of the financial year. Ongoing quality assurance work was carried out throughout the year and we continue to comply with ISO 9001:2015 standards. An independent external review was carried out of our compliance of the Public Sector Internal Audit Standards (PSIAS) in 2017 and in particular to meet the requirement of an independent 5 year review, the outcome confirmed full compliance with all the standards. Our work also complies with the IIA-UK Professional Standards and relevant guidance issued by the Accounts & Audit Regulations 2015.

Release of Report

The table below sets out the history of this Annual Report.

Date Report issued:	May 2021
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Annexes

Annex A

Actual against planned Internal Audit Work 2020/21

System	Type	Planned Days	Actual Days	Assurance Assessment	Comments
Commercial Property	Assurance	8	8	Substantial	Draft report
Business Continuity		6	0		Audit cancelled will be done in 2021/22
Data Protection - (Information Governance)	Assurance	6	11	Reasonable	Final report
Commercial Rents	Assurance	6	6	Substantial	Final report
Human Resources – Absence Management		6	0		Audit cancelled will be done in 2021/22
Communications	Assurance	8	8	Reasonable	Final report
Procurement	Assurance	8	8		Audit in progress
Project Management Toolkit	Assurance	6	6	Substantial	Final report
Key Revenues Controls	Assurance	20	20	Substantial	Final report
Benefits and Council Tax Support	Assurance	Inc			Final report
Non-Domestic Rates (NDR)	Assurance	Inc			Final report
Council Tax	Assurance	Inc			Final report
Key Financial Controls	Assurance	12	12	Substantial	Final report
Accounts Payable (Creditors)	Assurance	Inc			Final report
Accounts Receivable (Debtors)	Assurance	Inc			Final report
Treasury Management	Assurance	Inc			Final report
Income – Cash and Bank	Assurance	6	6	Reasonable	Final report
Main Accounting (General Ledger)	Assurance	6	6		Audit in progress
Payroll	Assurance	8	8	Substantial	Final report
Budgetary Control	Assurance	6	6	Substantial	Final report
ICT – Active Directory	Assurance	8	8	Reasonable	Final report

ICT – Network Security	Assurance	8	8	Reasonable	Final report
Depot – to include Commercial (Trade) Waste from 2017/18	Assurance	6	11		Audit in progress
Planning Enforcement		8	0		Audit cancelled will be done in 2021/22
Local Plan audit (Follow up)	Follow up	3	3	Substantial	Final report
Housing Rents	Assurance	6	6	Substantial	Final report
Housing Health and Safety	Assurance	10	10	Limited	Final report
Housing Repair and Maintenance	Assurance	12	12	Reasonable	Final report
Community Transport	Assurance	8	8	Reasonable	Final report
Safeguarding/Prevent	Assurance	6	6	Reasonable	Final report
Follow up of recommendations	Follow up	12	12	N/A	Final report
	Total Days	199	189		

9. **Internal Audit Assurance Report – Housing - Managing Health and Safety (TIAA, Chris Harris)**

Synopsis of report:

To inform Members on the outcome from the Housing – Health and Safety internal audit report that has received a “Limited” Assurance opinion

Recommendation(s):

None. This report is for information.

1. **Context of report**

1.1 Attached at Appendix ‘D’ is the Housing Health and Safety Internal Audit Report.

2. **Report**

2.1 Following an audit of the health and safety arrangements within the Housing Department a number of recommendations have been made including a Priority 1 recommendation. As a direct result of these recommendations the assurance opinion is “Limited”. As agreed with Members, all “Limited” assurance reports would be presented in full to the Standards and Audit Committee. It should be noted, however, that many of the recommendations are focused on data recording and not on data collection.

2.2 The Corporate Head of Housing has confirmed that he intends to attend this meeting.

3. **Resource implications**

3.1 The audit service is budgeted for in the Council’s annual budgets, with a small contingency to cover unforeseen audits.

4. **Legal and Equality implications**

4.1 None.

(For information)

Background papers

Relevant Internal Audit working files and report



Appendix 'D'

Internal Audit

FINAL

Runnymede Borough Council

Assurance Review of Housing - Managing Health and Safety

2020/21

January 2021

Executive Summary

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

CRR ref H1: Health and Safety requirements relating to fire risk control within the housing stock are not implemented and a fire with fatal consequences occurs.

CRR ref H2: Electrical safety checks are not carried out in compliance with regulations and there is a serious issue, such as a fire.




CRR ref MH1: Gas Servicing is not compliant with legislation and there is a serious issue, such as an unsafe boiler in RBC housing stock.

SCOPE


The aim of the review was to ascertain and report on whether the Council has appropriate policy/procedures, systems and processes to ensure actual compliance with both statutory and regulatory health and safety requirements/best practice.

Sample checks were included of Health and Safety inspections in relation to: valid Gas certificates (LGSR); valid Fire Risk Assessments (FRAs); valid Electrical certificates; valid Legionella certificates; valid Asbestos certificates; valid Lift inspection certificates (LOLER).

KEY STRATEGIC FINDINGS

-  Limited policies and procedures are in place. There is no overarching Health & Safety/Compliance Policy, and there are no policies/procedures relating to Gas Safety, Electrical Safety, Legionella, or Lift servicing.
-  At the time of the audit, 61% of properties had an up to date electrical inspection certificate (EICR) and 49% of properties had a valid asbestos survey. A significant number of Fire Risk Assessment actions also remained outstanding.
-  Improvements have been seen in the last year in addressing the issues highlighted in the October 2019 Regulatory Notice, however this is still a work in progress. A new H&S Compliance software package was also being implemented at the time of the review, which will greatly assist with improving the monitoring arrangements. A further audit in 12-18 months should be planned to review the progress made.

GOOD PRACTICE IDENTIFIED

 High levels of compliance were confirmed with respect to water hygiene testing (100%), lift inspections (100%), Fire Risk Assessments completed (100%), and Gas Safety Certificates (99.96%).

ACTION POINTS

Urgent	Important	Routine	Operational
1	3	2	3

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	It was advised that limited policies and procedures are in place. A Fire Risk Management Policy was provided dated 2017, which requires review. A draft Asbestos Policy and Management Plan was also provided. Asides from this, there is no overarching Health & Safety/Compliance Policy, and there are no policies/procedures in place relating to Gas Safety, Electrical Safety, Legionella, or Lift servicing.	A complete review of Health & Safety policies and procedures be carried out to ensure that a robust framework is in place to manage and monitor Health & Safety compliance.	1	<i>Management accept this to be the case and are working to ensure that Housing maintenance have a full set of policies that cover all areas that cover compliance activities</i>	June 2021	Compliance manager
2	Directed	It was advised that there has not been any recent specific training in relation to Health & Safety / Compliance, and there is no-one in the team with relevant formal qualifications in Health & Safety / Compliance. Formal records of training requirements and training undertaken are not maintained within the team.	A training matrix be developed to ensure that all relevant training needs are identified and monitored.	2	<i>Management accept that training needs to be done within the local service area and will review all training and ensure a training matrix is published for Officers</i>	June 2021	Compliance manager

PRIORITY GRADINGS

1 **URGENT** Fundamental control issue on which action should be taken immediately.

2 **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

3 **ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	While specific legionella risk assessments have been carried out for higher risk properties which are subject to periodic inspections, it was noted that there are no documented risk assessments in relation to the general housing stock. Under health and safety law, landlords are legally required to consider the legionella risk in their properties; while there is no legal requirement for this to take the form of a documented risk assessment, it is best practice to do so in order to demonstrate that any risks are being properly managed, even if no further action is required in low risk properties.	Legionella risk assessments be documented for the general housing stock.	2	Agreed and will be brought in line with the whole review of policies within the service area.	July 2021	Compliance Manager
4	Directed	It was noted that recent Fire Risk Assessments were also on file for a number of properties which did not appear on the master inspection spreadsheet. It was therefore not possible to fully reconcile the expected risk assessments with the actual risk assessments completed as the master listing appears incomplete. This raises the risk that there may be other properties which require Fire Risk Assessments to be completed which have not been recorded on this master listing.	Fire Risk Assessment master inspection spreadsheet be reviewed to ensure this captures all relevant properties.	2	Agreed. The Service Area are implementing FRA data on a digital platform and all information will be kept in the same location once done. It is however accepted that we also need to review periodically master spreadsheets.	July 2021	Compliance Manager

PRIORITY GRADINGS

1 URGENT Fundamental control issue on which action should be taken immediately.

2 IMPORTANT Control issue on which action should be taken at the earliest opportunity.

3 ROUTINE Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	A master tracker spreadsheet is used in relation to periodic electrical inspections, with details including the contractor used, the certificate date and the overall outcome of the inspection. Any recommended actions are also recorded on this spreadsheet with a target completion date. Sample testing highlighted that the master tracker was not up to date with respect to certificate details, meaning that it was not possible to verify compliance in all cases tested. In addition, a separate set of spreadsheets are also maintained to record all works orders raised in relation to electrical inspections and repairs so that these can be monitored. On reviewing these spreadsheets, it was difficult to directly tie up the details against the master tracker spreadsheet. However, it was evident that in some cases the relevant repairs had already been completed, but this had not been reflected on the master tracker.	Action be taken to ensure that the electrical inspections master tracker is kept up to date.	3	Agreed.	March 2021	Electrical Supervisor and Compliance Manager

PRIORITY GRADINGS

1 **URGENT** Fundamental control issue on which action should be taken immediately.

2 **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

3 **ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Directed	In October 2019, the Regulator of Social Housing issued a Regulatory Notice concluding that RBC had breached the Home Standard, particularly in relation to undertaking electrical inspections and carrying out remedial actions arising from Fire Risk Assessments. At the time of the audit, 61% of properties had an up to date electrical inspection certificate (EICR) and 49% of properties had a valid asbestos survey. A significant number of Fire Risk Assessment actions also remained outstanding. It was evident during this review that progress has been made in the last year in addressing these issues, however this is still a work in progress. In addition, a new H&S Compliance software package was being implemented at the time of the review, which will greatly assist with improving the monitoring arrangements. A further audit in 12-18 months should be planned to review the progress made.	A further audit review be carried out in the next 12-18 months to review the progress made.	3	Agreed.	TBC	Head of Housing Technical Service

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	As part of sample testing of gas safety certificates, a check was carried out in relation to the engineers listed on the LGSR certificate and the details recorded on the Gas Safe Register. For one of the engineers their previous licence number had been included on the LGSR certificates. The new licence number was then obtained and it was verified that the engineer appeared on the Gas Safe Register. In a further case, the engineer's licence number was not included on the LGSR certificate. The licence number was obtained from the contractor, however the engineer had since left the company and the licence number is no longer registered on the Gas Safe Register.	Liaise with the gas contractor to ensure all certificates are supplied with an up to date engineer's licence number as confirmation that the work has been carried out by an individual with the appropriate Gas Safe registration.	<i>Agreed and will raise in their next monthly performance meeting.</i>

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Ref	Risk Area	Finding	Suggested Action	Management Comments
2	Directed	With respect to the Fire Risk Assessment monitoring spreadsheets for recommended actions, it was noted that for those Fire Risk Assessments carried out by one of the contractors, the timeframe recorded on the monitoring spreadsheet replicated the priority rating that contractor uses in their reports (being Priority A, B, C) but the monitoring spreadsheets do not make reference to the actual target date that these priority ratings would translate into.	Details of the actual target date to be recorded on the Fire Risk Assessment monitoring spreadsheets to enable more accurate monitoring and ensure a clear audit trail is in place.	<i>Agreed.</i>
3	Directed	It was noted that actions with respect to Fire Risk Assessment recommendations are only recorded on the monitoring spreadsheets when a job has been fully completed. Discussions with officers indicated that in the majority of cases the work involved in rectifying the issues is not straightforward; often a tender process would be required prior to carrying out works, or other initial works (electrical for example) would be required to be carried out first. As this is not recorded on the monitoring spreadsheets, it is therefore difficult to establish the initial action that has been taken to implement the recommendation.	All key actions taken to be recorded on the Fire Risk Assessment monitoring spreadsheets in order to ensure that a full audit trail is in place to evidence that action has been taken to implement the recommendation.	<i>Agreed.</i>

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings



Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1, 2, & 3	-
RM	Risk Mitigation The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance The management monitoring arrangements identify and action any non-compliance with the documented process.	Partially in place	4, 5 & 6	1, 2 & 3

Other Findings



The Northgate Housing system is used to manage all properties/tenancies, but this does not have specific functionality for H&S Compliance monitoring. A separate H&S Compliance application (Propeller) has been procured and was in the process of being implemented at the time of the audit. The monitoring records at the time of the audit were a mix of internal spreadsheets and relying on the information available on the web portals of the contractors who are used to carry out the H&S checks. In light of a number of the findings contained in the Management Action Plan in relation to audit trail records, these issues should be improved by the use of the new monitoring software and it may therefore be beneficial to re-assess the processes in 12-18 months once the new compliance system has fully bedded in. (*refer to Recommendation 6*)



It was advised that the team is under resourced at present, however a new Compliance Manager has been recruited who is due to start in March 2021. As highlighted in Recommendation 2 there is no-one in the team with relevant formal qualifications in Health & Safety / Compliance, so this will be of great benefit to the team.

Other Findings



Gas safety inspections

K&T Heating are used for carrying out the annual service regime on gas appliances, and details of all relevant properties are maintained on K&T's web portal. It was confirmed that a full reconciliation exercise is carried out on an annual basis to ensure that the property listing as per Runnymede records matches the property listing as per the K&T portal. In addition, interim monthly reconciliations are carried out in respect of the overall number of properties to verify that any additions or removals from RBC's housing stock have been reflected in the K&T portal.

K&T run the programme for the gas servicing and the target date is 12 months from the expiry date, however it is run on a 10 month programme to ensure services are complete prior to the expiry date. The target date is then reset. The gas safety certificates (LGSR) are maintained electronically on the K&T portal, along with details logged in relation to communications with tenants and arranging appointments. Runnymede officers have access to this portal and can run a variety of reports at any time to assess LGSR compliance figures. K&T also automatically run reports twice a week that indicate properties where the LGSR is due in the next 42 days and where appointments have or have not yet been confirmed.



A random sample of 25 properties were selected for testing. It was confirmed in all cases that a valid gas safety certificate was in place and available to view on the K&T portal. It was further confirmed that all inspections had been carried out within 12 months of the previous inspection.



Lift inspections

It was advised that there are eight relevant passenger lifts across six RBC domestic properties (being the sheltered accommodation properties and Surrey Towers). Monthly inspections are carried out by Axis Elevators, with various reports provided to the Council on a monthly basis. A spreadsheet is maintained to keep records of the service dates for each lift. The most recent service certificates were provided for each of the lifts and it was confirmed that these were fully up to date, supporting the KPI monitoring data that 100% of passenger lift inspections have been undertaken against the programme. No issues were noted.



Water hygiene / legionella testing

It was advised that there are eight relevant properties which are subject to periodic water hygiene inspections and legionella sample testing. 3C Environmental Technology are the contractor used to carry out inspections, with monthly service visits taking place in order to carry out the necessary water hygiene monitoring tasks in compliance with ACOP L8 (Fourth edition): 2013 and Technical Guidance HSG274 Part 2 & 3: 2013/14 "Legionnaires' disease – The control of legionella bacteria in water systems". Depending on the particular hot water and cold water installations in place at each property, additional checks are carried out on a quarterly, six monthly or annual basis in accordance with an agreed annual schedule. A spreadsheet is maintained by RBC officers to keep records of the inspection dates and the samples taken. Supporting documentation is maintained on the 3C client web portal (for example risk assessments, testing certificates and service reports), which is fully accessible by RBC officers.



3C have also been responsible for carrying out an overall risk assessment review at each property, with reviews recommended every 2 years. A review of the risk assessment reports on the 3C client portal indicated that risk assessments for all eight properties had been carried out during 2020. The training / competency assessment of the individual assessor was also included in the recent risk assessment documentation.

Other Findings



A general review was also carried out in relation to recent inspections / sampling undertaken across all sites (for example storage tank surveys, water sampling certificates, temperature checks, disinfection certificates). It was confirmed that recent certificates / reports were available on the 3C portal in relation to each property, and no issues were noted.



Electrical inspections

A number of contractors are used for carrying out periodic electrical inspections. Once received from the contractor, the EICR certificates are maintained on the Housing shared drive and the info@work document management system. Details of the certification are logged on a master tracker spreadsheet, with details including the contractor used, the certificate date and the overall outcome of the inspection. Any recommended actions are also recorded on this spreadsheet with a target completion date.



A random sample of 25 properties were selected for testing, with the following items noted:

- It was confirmed in 19 cases that a valid, up to date EICR certificate was in place and available to view on the Housing shared drive / info@work document management system. In 13 of these cases, all relevant details had also been captured on the master tracker spreadsheet. Three cases pre-dated the inception of the master tracker spreadsheet in 2019 and therefore such details will not be captured until a further inspection is carried out. In the remaining three cases the date of certification had been recorded, however the relevant details relating to the outcome of the inspection and any recommendations made had not been recorded on the master tracker spreadsheet. *(refer to Recommendation 5)*
- In two cases, the date of the recent certification had been recorded, but the supporting certificate was not available to view. When discussed with officers, this was attributed to a backlog in indexing the certificates on the info@work document management system. The master tracker also required updating with relevant details relating to the outcome of the inspection and any recommendations made. *(refer to Recommendation 5)*
- In 4 cases, a periodic inspection had not been carried out in the last five years. This is in line with the overall statistics in relation to the level of completion of electrical inspections, which has been well documented and continues to be monitored by the Regulator. Improvements have been seen over the last year with respect to carrying out electrical inspections, however this remains a work in progress and will require continued monitoring. *(refer to Recommendation 6)*



In addition, sample testing was carried out with respect to 18 properties which were recorded as having a recent electrical inspection to establish the adequacy of the record keeping and management of any recommended actions identified in the EICR report. The following items were noted:

- In five cases, the certificate outcome and recommendations had not been recorded on the master tracker spreadsheet. When discussed with officers, this was attributed to a backlog in completing the spreadsheet.
- In seven cases where recommendations had been recorded, the recommendations had passed their target date but there were no details recorded as to whether the actions had been completed. When discussed with officers, it was advised that a separate set of spreadsheets are also maintained to record all works orders raised in relation to electrical inspections and repairs so that these can be monitored. On reviewing these spreadsheets, it was difficult to directly tie up the details against the master tracker spreadsheet. However it was evident that in some cases the relevant repairs had already been completed, but this had not been reflected on the master tracker. *(refer to Recommendation 5)*

Other Findings

**Fire Risk Assessments**

Two contractors are being used for carrying out Fire Risk Assessments. Once received from the contractor, copies of the Fire Risk Assessments are maintained on the Housing shared drive and the info@work document management system. Separate spreadsheets are also maintained to record any recommended actions and their target completion dates.



A master spreadsheet was provided with details of the relevant properties/blocks with communal areas which require a Fire Risk Assessment to be completed in accordance with the Regulatory Reform (Fire Safety) Order 2005. A review was undertaken to verify if an up to date Fire Risk Assessment had been carried out for each of these properties/blocks. It was confirmed in all cases that a Fire Risk Assessment had been recently completed and the supporting reports were available to view.



In addition to reviewing the completion of Fire Risk Assessments, sample testing was carried out with respect to ten properties/blocks which were subject to a Fire Risk Assessment to establish the adequacy of the record keeping and management of the actions identified in the Fire Risk Assessments. It was confirmed that spreadsheets are maintained to record any recommended actions and their target completion dates based on the traffic light system (High, Medium, Low priority) as is used in the Fire Risk Assessments themselves. For all properties tested, it was confirmed that all of the recommendations contained in the Fire Risk Assessments had been appropriately recorded on the monitoring spreadsheets.



In total, 106 recommendations had been raised across the 10 Fire Risk Assessments reviewed. Of these, 81 had passed their target date, however only four had been recorded as completed. It was noted that the target timeframes included in the Fire Risk Assessments are relatively short, with High Risk equating to a one month target and Medium Risk equating to a 3 month target. When discussed with officers, it was advised that in the majority of cases the work involved in rectifying the issues is not straightforward; often a tender process would be required prior to carrying out works, or other initial works (electrical for example) would be required to be carried out first.

The issues with outstanding recommendations is already well known and has been documented in communications with the Regulator. The number of actions outstanding following a fire risk assessment is also now included within the compliance monitoring presented to Members. The latest report indicated that, as at 09.10.20, 203 high priority actions and 653 medium priority actions were outstanding. The commentary in the report indicated that the number of actions not completed by the target date is expected to improve on a monthly rolling basis as Housing Maintenance continue to issue passive fire works orders to the incumbent repairs' contractor. The priority is to reduce all high and medium actions in the first phase. This remains a work in progress and will require continued monitoring. (*refer to Recommendation 6*)

**Asbestos surveys**

There is a contract in place with Life Environmental Services for Asbestos Surveying and Consultancy (covering the period from March 2019 – March 2022). Asbestos survey data is currently held on an online portal through ACT systems, and at the time of the audit officers were in the process of moving this data to Life Environmental Service's own platform.

Other Findings



A sample of 25 properties were selected at random from a property listing report generated from the ACT portal. In 12 of the 25 cases a survey had been conducted, although six of these were between 8 and 20 years old. This is generally representative of the overall statistics, with around 50% of properties listed as having had an asbestos survey. This issue has been well documented and continues to be monitored by the Regulator. Improvements have been seen over the last year with respect to carrying out asbestos surveys, however this remains a work in progress and will require continued monitoring. (*refer to Recommendation 6*)



For the 12 properties recorded as having had an asbestos survey, it was confirmed that the relevant survey reports were available to view on the info@work document management system. Survey reports contain the asbestos register for the individual properties, along with recommended re-inspection frequencies for presumed or identified Asbestos Containing Materials. However, in order to meet duties under Reg 4 of the Control of Asbestos Regulations 2012 the Council must also implement a Management Plan for known or presumed ACMs. This is currently in draft form. (*refer to Recommendation 1*)



Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring There are agreed KPIs for the process which align with the business plan requirements and are independently monitored and corrective action is taken in a timely manner.	In place	-	-
FC	Financial Constraint The process operates within the agreed financial budget for the year.	Out of scope	-	-
R	Resilience Good practice to enhance the economic, effective and efficient delivery is adopted.	Out of scope	-	-

Other Findings



The Housing Service’s Key Performance Indicators (KPI) and targets for the financial year are agreed as part of the Council’s annual business planning process and are presented in the Housing Business Unit Plan. New Health & Safety / Compliance KPIs have been put in place in the last year following the appointment of a new Head of Housing Technical Services. These KPIs are reported to the Housing Committee, and officers also have monthly calls with the Regulator of Social Housing to update on the Council’s progress with compliance and to share the compliance data.



The latest KPI report was presented to Members in November 2020, with data included up to September 2020. The latest figures were:

- 99.96% of valid gas safety certificates (target 100%). This is due to one property which is currently a legal matter.
- 61% of stock with valid safety EICR certification (target 100%) – this has increased from 40% in July 2019 and 47% in July 2020.
- 100% of water management inspection test undertaken (target 100%)
- 100% of passenger lift inspections undertaken against programme (target 100%)
- 49% of stock with a valid asbestos survey (target 100%) – this has increased from 26% in July 2019.
- 100% of FRA inspections completed in target (target 100%)

Difficulties were faced during the first lockdown period in relation to accessing properties, but by the end of July this had largely returned to normal, along with contractor staff returning from furlough. The levels of EICR certification and asbestos surveys are clearly still some way short of the 100% target, although progress has been made in the last year. As these are already a work in progress, specific recommendations have not been raised in this report, however a recommendation has been raised for a further audit review in 12-18 months’ time to review the progress being made. (*refer to Recommendation 6*)

EXPLANATORY INFORMATION

Appendix A

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	4 th June 2020	4 th June 2020
Draft Report:	17 th December 2020	22 nd January 2021
Final Report:	25 th January 2021	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	Runnymede Borough Council
Review:	Housing – Health and Safety
Type of Review:	Assurance
Review Agreed By:	In the Annual Plan 2020/21

Planned Start Date:	Early July 2020
Planned Exit Meeting Date:	TBA – August 2020

Lead Auditor:	Jon Sims/Laila Somji
Exit Meeting to be held with:	Simon Allen

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed (to be covered at the opening meeting).	Y/N
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N

Detailed scope will consider:	Directed	Delivered
	<ul style="list-style-type: none"> • Documented • Risk Mitigation • Compliance 	<ul style="list-style-type: none"> • Performance monitoring • Reputational • Financial control

Outline scope (per Annual Plan):

Ascertain and report on the systems and processes the council has in place to ensure compliance and provide assurance that these are designed and operating effectively in relation to health and safety and building safety compliance.

Ascertain and report on whether the council has appropriate policy/procedures to ensure actual compliance with both statutory and regulatory health and safety requirements/best practice. This to include sample checks of Health and Safety inspections in relation to:

- a. valid Gas certificates (LGSR)
- b. valid Fire Risk Assessments (FRAs)
- c. valid Electrical certificates
- d. valid Legionella certificates
- e. valid Asbestos certificates
- f. valid Lift inspection certificates (LOLER)

Detailed scope / requested additions to the scope

Information / documentation request

Records of the following certificates:

- a. Gas certificates (LGSR)
- b. Fire Risk Assessments (FRAs)
- c. Electrical certificates
- d. Legionella certificates
- e. Asbestos certificates
- f. Lift inspection certificates (LOLER)

10. **Annual Governance Statement 2020/2021 (Assistant Chief Executive, Peter McKenzie)**

Synopsis of Report and Recommendation(s) that:

subject to any amendments this Committee wishes to make, to recommend to Corporate Management Committee that the Chief Executive and Leader of the Council approve the Annual Governance Statement as attached at Appendix 'E'

1. **Context of report**

- 1.1 The Council has adopted a local code of corporate governance which reflects the guidance contained in the CIPFA / SOLACE Framework for “delivering good governance in local Government”. The Framework was updated in 2016. The Council’s local code of Governance has been revised and adopted by the full Council.
- 1.2 The overall aim of good governance is to ensure that resources are directed in accordance with the Council’s policies and priorities and that there is sound and inclusive decision making, with clear lines of accountability for the use of resources, and the outcomes they achieve for our communities.
- 1.3 One significant point is that local authorities focus on the long term sustainability of their policies, and the resources that underpin them. Runnymede Borough Council can demonstrate it takes account of the responsibility to future as well as current electors in the Corporate Plan and its regeneration plans which are based on sound financial strategies.
- 1.4 The Covid 19 pandemic has been in place for all of 2020/2021, and the main statement of accounts gives a full description of the financial and operational effects on the Council.

2. **Report**

The Annual Governance Statement (AGS) in detail

- 2.1 The original CIPFA/SOLACE Framework *Delivering Good Governance in Local Government*, had six core principles, as detailed below:
 - 1. **Focusing on the purpose of the Council and on outcomes for the community, and on creating and implementing a vision for the local area.**
 - 2. **Members and Officers working together to achieve a common purpose with clearly defined functions and roles.**
 - 3. **Promoting values for the Council and demonstrating the values of good governance through upholding high standards of conduct and behavior.**
 - 4. **Taking informed and transparent decisions which are subject to effective scrutiny and managing of risk.**
 - 5. **Developing the capacity and capability of Members and Officers to be effective.**
 - 6. **Engaging with local people and other stakeholders to ensure**

robust public accountability.

2.2 The 7 key principles are now:

- Behave with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law;
- Ensure openness and comprehensive stakeholder engagement;
- Define outcomes in terms of sustainable economic, social, and environmental benefits;
- Determine the interventions necessary to optimise the achievement of the intended outcomes
- Develop the entity's capacity, including the capability of its leadership and the individuals within it
- Managing risks and performance through robust internal control and strong public financial management
- Implement good practices in transparency, reporting, and audit to deliver effective accountability

2.3 The AGS contains all of our governance arrangements and how these have been enhanced to reflect how the Council meets all the new requirements. Many of our arrangements fit into more than one category. In preparing the revised AGS the Chief Executive, Monitoring Officer and Assistant Chief Executive have chosen the most appropriate, but the AGS is to be read in its entirety rather than in discrete sections.

2.4 The principles contained in the framework recommend Councils should:

- review existing governance arrangements
- develop and maintain an up to date code of governance which includes arrangements for ensuring ongoing effectiveness
- reporting publicly (the annual AGS) on compliance with our own code and how we have monitored its effectiveness and any planned changes.

2.5 The Framework acknowledges that any code relies on the shared values, spirit and ethos of the Council that are integrated into the culture, and are reflected in Council policies and behaviours.

2.6 The general principles of the code are that:-

1. We behave with integrity, demonstrating strong commitment to ethical values and respecting the rule of law
2. Ensuring openness and comprehensive stakeholder engagement

2.7 The Covid 19 pandemic has made significant changes to the way the Council operates. However, those changes were made in late March 2020 and have very little impact on the AGS for 2020/2021. In the main narrative for the 2020/2021 Statement of Accounts the Council will report to the electorate how the Council has responded to the crisis.

3. Policy framework implications

3.1 The AGS summarises how all of the Council's various policies and strategies, as well as day to day operations, deliver a strong operational governance framework for Members and Officers to work within.

4. **Legal implications**

- 4.1 Regulation 6(1)(a) of the Accounts and Audit Regulations 2016 requires a local authority to conduct a review at least once in a year of the effectiveness of its system of internal control and include a statement reporting on the review with any published Statement of Accounts. Regulation 6(1)(b) of the Accounts and Audit Regulations 2016 describes the statement as an Annual Governance Statement.
- 4.2 The preparation and publication of an Annual Governance Statement in accordance with Delivering Good Governance in Local Government: Framework (2016) would fulfil the statutory requirements for a local authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts. The Accounts and Audit Regulations 2015 stipulate that the Annual Governance Statement must be “prepared in accordance with proper practices in relation to accounts”.

(To resolve)

Background papers

CIPFA/ SOLACE – delivering good governance, 2016 edition

Annual Governance Statement 2020/21

Scope of responsibility

Runnymede Borough Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. Runnymede Borough Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, Runnymede Borough Council is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

Runnymede Borough Council has formally adopted a code of corporate governance as recommended in the CIPFA/SOLACE Framework *Delivering Good Governance in Local Government 2016 edition*. This statement explains how Runnymede Borough Council meets the requirements of regulation 6 of the Accounts and Audit Regulations 2015 in relation to the publication of an Annual Governance Statement and the CIPFA/SOLACE Code of Practice. The Council has also adopted the CIPFA Statement on the Role of the Chief Financial Officer in Local Government.

Covid 19 pandemic

For all the financial year the Council has been responding to the pandemic. This has not in any way diminished our approach to good governance. Due to the additional number of new responsibilities, such as paying over £14m of grants to businesses, our governance arrangements had to adapt as new systems and processes were introduced by Government.

To comply with Government guidance for staff to work from home, the Council responded in an efficient and effective way, enabling over 200 staff to work remotely using a variety of software and hardware systems which resulted in very little disruption to day to day Council Services. Overall residents saw very little adverse impact on the service they received from the Council. The Council also enhanced its on-line security to respond to the increasing incidents of on-line frauds etc.

The purpose of the Governance Framework

The Governance Framework comprises the systems and processes, and culture and values, by which the authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that Framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Runnymede Borough Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Governance Framework has been in place at Runnymede Borough Council for the year ended 31 March 2021 and up to the date of approval of these Financial Statements.

The Governance Framework

The key principles and how the Council has complied with them are as set out in Chapter 6 of the 2016 Framework, are:

Annual Governance Statement 2020/21

- A Behave with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law;
- B Ensure openness and comprehensive stakeholder engagement;
- C Define outcomes in terms of sustainable economic, social, and environmental benefits;
- D Determine the interventions necessary to optimise the achievement of the intended outcomes
- E Develop the entity's capacity, including the capability of its leadership and the individuals within it
- F Managing risks and performance through robust internal control and strong public financial management
- G Implement good practices in transparency, reporting, and audit to deliver effective accountability

The key elements of the core principles are detailed below.

A Behave with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law;

The Council has adopted a Constitution which has been revised in 2020/21 and formally adopted by the Council in April 2021. This sets out how the Council operates and how decisions are made with procedures to be followed to ensure they are fit for purpose. The Constitution details the roles and functions relative to these bodies, panels and officers.

The Corporate Management Committee set up or continued with a number of Member Working Groups in 2020/21 to oversee significant projects or the business of the Council.

For example, the Digital Transformation Member Working Group reports to the same Committee on the implementation of ICT and solutions in the Customer Services section and how we communicate and transact with residents, businesses and visitors to the Borough – the aim being to significantly improve the services we provide. Other working groups include the HR Member Working Party. All the Member working groups have been very active in 2020/21 in implementing the objectives of the Corporate Plan. In 2020/21 all meetings of the Council have been held remotely on MS teams with audio access to the public via a dial in facility.

The Council has invested in the regeneration of the two major towns in the Borough – Addlestone and Egham. The first project is the Addlestone One investment followed by the Egham Gateway phase 1 and a new leisure centre in Egham was completed and opened in February 2019. Egham Gateway phase 1 will be completed in 2021/22.

The pandemic and the Government's stance of local authorities borrowing to acquire commercial property to fund regeneration strategies has meant no commercial acquisitions have taken place in 2020/21.

The Council operates to a set of Corporate Values which underpin individual and collective behaviour and are reflected in discussion, communication and the decision-making processes. These values have been adopted as part of the Corporate Business Plan.

- **Customer-focused** – we will put our customers at the heart of what we do, and they will be able to interact with us easily in the way they want.
- **Passionate** – we will empower our staff to be passionate about all we do.
- **Performance driven** – we will strive for excellence in all we do.
- **Innovative** – we will aim to creatively improve our services.
- **Promoting equality and diversity** – we believe in fairness as well as creating a diverse workforce so we can draw upon a wide range of views and experiences to meet the changing needs of our customers.
- **Delivering excellent value for money** – we will strive to be as efficient and effective as possible.

Annual Governance Statement 2020/21

Corporate Goals

Our Corporate Goals are our broad guiding principles which will help us to achieve Our Vision. These principles are:

- We will deliver cost effective services.
- We will have very satisfied customers.
- We will train, develop and motivate our staff.
- We will be financially stable.
- We will have sound leadership and governance.
- We will have a clear performance management system.
- We will provide customers with a range of channels to interact with us.
- We will be a more agile organisation responsive to changing circumstances.

Members have adopted a set of principles regarding behaviour, contained in the Member Code of Conduct which forms part of the Constitution, which complement the procedures and codes operated. They were adopted in 2012 and minor amendments have been made since on three occasions.

The Code of Conduct for Members is based upon the Nolan Principles and section 28(1) of the Localism Act 2011.

Selflessness

To serve only the public interest and never improperly confer an advantage or disadvantage on any person.

Integrity

Not to place themselves in situations where their integrity may be questioned, should not behave improperly and should on all occasions avoid the appearance of such behaviour

Objectivity

Make decisions on merit, including when making appointments, awarding contracts or recommending individuals for rewards or benefits.

Accountability

To be accountable to the public for their actions and the way they carry out their responsibilities and should co-operate fully and honestly with any scrutiny appropriate to their Office.

Openness

To be as open as possible about their actions and those of the Council and should be prepared to give reasons for those actions.

Honesty

Not to place themselves in situations where their honesty may be questioned, should not behave improperly and should, on all occasions, avoid the appearance of such behaviour.

Leadership

Should promote and support these principles by leadership and by example and should always act in a way that secures or preserves public confidence.

B Ensure openness and comprehensive stakeholder engagement

As stated above, the Council has a Corporate Business Plan in place which sets out its vision, values, goals and priorities. This was based on extensive consultation with the local communities. In 2019 the Council went through a first phase consultation process with a view

Annual Governance Statement 2020/21

to creating a new four-year Corporate Business Plan from 2020, but due to the COVID pandemic this has been delayed. A review of the current draft document will now be necessary and further consultation will follow before a new plan is adopted to reflect the next four-year plan period.

C Define outcomes in terms of sustainable economic, social, and environmental benefits

The Council is responsible for many key services and functions including:

- Community grants and events.
- Council tax and business rates collection. Also administering the national council tax and housing benefit service locally. The Council has adopted a local council tax support scheme which it reviews annually.
- Environmental Services e.g. Engineering, parking, refuse collection, street cleaning and recycling.
- Housing – both the Council's own stock of dwellings for rent and some aspects of private sector housing including homelessness and improvement and disabled adaptation grants, independent retirement living.
- Community Development e.g. Leisure development, green space, halls, museum, community safety, community alarms, community meals, community transport and centres for over 55s.
- Regulation e.g. planning, building control, environmental health and licensing.
- Asset management focused until March 2020 on property acquisition to fund the Council's regeneration strategy. In 2020/21 the emphasis changed to consolidation and management of the Council's portfolio from property acquisition.
- Regeneration schemes – the Egham Gateway West scheme commenced in 2019/20 and will be completed in 2021/22
- During 2020/21 the three Council owned companies continued to grow at a slower rate than planned due to the extensive flooding of a number of units. That growth will continue in 2021/22 as more apartments in Addlestone One and other regeneration schemes are completed. The financial accounts of the companies are consolidated into the Council's main Statement of Accounts.

In 2012/13 the Council started a major, long term "place shaping" and revitalisation initiative. This included major projects in Addlestone and Egham which continued to be developed in 2020/21. The regeneration and place shaping plans have been further developed in 2020/21 with Egham Gateway West commencing. The likely cost of £92m is already part funded with a 40-year loan at a fixed rate of 2.88% from a private sector investment company. Clearly the Covid 19 pandemic will affect the high street and housing market. The Council is reviewing its regeneration strategies in the summer of 2021 as the UK economy moves into recovery.

In these schemes' residents, local businesses and other stakeholders have been involved in the design brief. These consultations have included numerous meetings with residents associations and other public meetings.

The role of the Standards and Audit Committee includes:

- Promoting and maintaining high standards of conduct by Councillors and co-opted Members
- Assisting Councillors and co-opted Members to observe the Members' Code of Conduct
- Advising the Council on the adoption or revision of the Members' Code of Conduct and monitoring its operation

Annual Governance Statement 2020/21

The conduct of Members and Officers is further regulated through individual strategies including anti-fraud and corruption and money laundering strategies.

In 2020/21 there have been no allegations of financial irregularities involving Members or officers.

The Chief Executive (Head of Paid Service), the Corporate Head of Law & Governance (Monitoring Officer) and the Assistant Chief Executive & responsible financial officer each have specific responsibilities to ensure reports to Members for decision comply with Financial Regulations, Standing Orders and are lawful.

The Constitution includes protocols on Member /Officer relations. The Monitoring Officer has confirmed that during 2020/21 twelve complaints were received in respect of alleged breaches of the Member Code of Conduct. In three cases upon examination it was found the complaint did not merit investigation. In eight cases further information was requested from the complainants which was not provided, and they could not be progressed. One case is still the subject of investigation.

D Determine the interventions necessary to optimise the achievement of the intended outcomes

The Council sets the overall strategy and policy, and has put in place a well-defined organisational structure, with clearly understood lines of responsibility and delegation of authority to help ensure that strategies and policies are effectively implemented and adhered to. The system of internal control is based on a framework contained within the Constitution, including rules and procedures in respect of:

- Functions of the Council, Committees and Officers;
- Procedures for conducting the Council's business;
- Delegations to Officers;
- Budget and policy framework;
- Ethics and probity;
- Overview and scrutiny;
- Financial and contracts procedures;

Taken together, the Constitution defines how decisions are taken and the processes and controls required in managing risk. The Constitution also contains a wide range of control and policy documents to support sound corporate governance. These policy documents can be viewed on the Council's website at www.runnymede.gov.uk

The Constitution is reviewed each year. This process includes consultation with staff and Councillors, a report to the Corporate Management Committee on proposed changes, and the approval of the revised Constitution by the Full Council. Changes are made through the year as appropriate.

Companies owned by the Council

RBC Investments (Surrey) Limited is the Council's investment and property development company which took long term leases on private dwellings that became owned by the Council and then manages those properties and is responsible for collecting rents etc. The long-term leases are independently valued using Section 123 Local Government Act 1972 criteria and will be paid for by the Company by way of a single payment using loan funding from the Council. The interest rate charged by the Council is a commercial loan rate which is compliant with the EU State Aid Rules having regard to the base rate and risk / security for the loan. The Framework for loans is provided by the Loan Facilities Agreement (LFA) which provides for the normal range of commercial pre-conditions for loan finance to a company and provides for securing loans against

Annual Governance Statement 2020/21

the assets, registering the loan at Companies House and for the registered title to declare the lease and loan.

Two of the Council's Officers are directors of this company:

- Ms A Williams is the Managing Director who is employed by the Council as their Corporate Head of Assets and Regeneration

Mr P McKenzie is the Finance Director who is employed by the Council as their Chief Financial Officer (Assistant Chief Executive). In January 2021 Mr McKenzie resigned as Finance Director of the three companies and was replaced by Ms E Lyons. The Chairman of the Board and Non-Executive Director is Cllr M Maddox and Cllr M Adams is also a Non-Executive Director.

Two other companies were created in 2015/16 and are active. These are:

- RBC Services (Addlestone One) Ltd, which provides the service charge regime to the commercial and domestic customers that require service charges to be administered.
- RBC Heat Company Ltd, which provides heating and hot water as a commercial undertaking to all the dwellings on the Addlestone ONE development and those commercial tenants who chose to buy the services.

Mr V Sibley is the Operations Director. Mr. Sibley is employed by the Council as Commercial Services Manager. For all of the companies the Council's Assistant Chief Executive provides financial services and has oversight of the company affairs to protect the Council's financial interest and Ms Lyons is the Finance Director. The Board has appointed local private sector accountants to prepare the company accounts and the required audits to report to the Council as the ultimate shareholders.

All three companies have Articles of Association in place, company registration documents and bespoke Shareholder Agreements. A detailed business and financial plan have been prepared and the Loan Facilities Agreement (LFA) that will provide the mechanism for drawing down commercial loans from the Council.

At every stage of the development of the Council's regeneration programs and projects, Members have steered the direction of activity within the framework provided by the Property Investment Strategy and lately the Council's Capital Strategy via reports to the Corporate Management Committee and all Member briefings to Council who have made key decisions. That process will continue beyond 31 March 2021 as the regeneration activity develops through a development partner to deliver the Runnymede Regeneration Programme of a number of sites over an 8-10-year period.

E Develop the entity's capacity, including the capability of its leadership and the individuals within it

The Corporate Business Plan focuses on the outcomes for the community and is the driver behind the Council's priorities. The Council updated its Corporate Business Plan following extensive consultation with residents to focus scarce resources on those services residents see as important. Elected Members adopted the Corporate Business Plan taking those views into account. The Business Plan will be updated in 2021/22 as the Council moves into recovery from the pandemic.

The Council has continued its partnership arrangements with other local authorities in areas such as:

Annual Governance Statement 2020/21

- Transport and building maintenance.
- In 2015/16 the Council set up an employee led “mutual” with Spelthorne BC called “Applied Resilience”. This has increased both Councils’ capacity to respond to civil emergencies such as the severe flooding which impacted on Runnymede significantly in December 2013 to March 2014 and beyond, as well as business continuity. This arrangement continued in 2020/21 and is set to continue in 2021/22
- Community Services providing a range of community services in partnership with Surrey Heath BC.
- Safer Runnymede provides a CCTV service for other Councils as well as Thorpe Park (a large theme park) and various NHS establishments.

These arrangements enable the Council to receive or provide cost effective services which require specialist skills and knowledge. It also provides resilience and business continuity arrangements

Corporate Leadership Team (CLT) is led by the Chief Executive supported by:

- Corporate Head of Law & Governance (the Monitoring Officer)
- Assistant Chief Executive (Responsible Finance or Section 151 Officer)

For all of 2020/21 that structure has been in place. CLT will be supported by a Senior Leadership Team of around 11 officers who cover all the Council’s operations. The elected Members have continued a formal Member structure of Member working groups. This new structure will involve all Members in developing policy and was implemented early in 2019 and matured in 2020/21 to specifically:

- Strengthen objective setting and delivering Council objectives
- Prescribe a new way of working between Members and officers that better suits the challenges of the next decade and enables greater control of the organisation by Members.
- Set out a new competency framework for senior officers
- Strengthen the corporate centre and provide greater uniformity and accountability across all services (e.g. performance management, procurement etc.)
- Propose a more effective use of Members’ time in a challenging and demanding environment
- Describe a system of continuous service reviews to improve service delivery, corporate systems and to address the commercial requirements of the Council over the next decade.

Performance management

The Corporate Leadership Team is also supported by a range of senior managers as appropriate e.g., the Head of Human Resources and Head of Financial Services. The Council has set up a management structure to support the following objectives:

- Focus management attention on performance management, and achievement of objectives set out in the Corporate Business Plan.
- Budget management is a key target for each manager – to forecast income and expenditure to the year end as part of the monthly monitoring cycle and to propose corrective action for Members consideration if an overspend / underspend is likely to occur.

Attached is the officer structure chart that was in place for 2020/21. One of the outcomes is to improve the Council’s corporate governance arrangements together with individual management accountability.

The Council’s Medium-Term Financial Strategy predicts significant reductions in Government support to local authorities. The reduction for this Council will be significant by the end of this decade. The revised officer structure “Fit for the Future” is designed to focus on the delivery of cost effective, efficient services which respond to residents’ needs and to generate additional income rather than cut expenditure and services.

Officers from CLT (Chief Executive, Monitoring Officer and Responsible Finance Officer

Annual Governance Statement 2020/21

supported by 11 Heads of Service) meet weekly as a group (with specialist officer's support) to lead on:

- Strategy
- Business Planning
- Asset Management
- Risk Management
- Business Continuity
- Equalities
- Health and Safety
- Performance Management for Corporate Key Performance Indicators, Corporate Projects and Financial Management.
- Budget management
- Governance

For Committees, each Member receives a copy of meeting agendas in advance, mostly five working days in advance of the meeting. A Committee or Sub-Committee may agree to accept an urgent item for decision at the discretion of the Chairman.

Reports which have resource implications (assets, financial, human) must receive clearance from the Chief Executive and Chief Finance Officer before being added to draft agenda. Reports contain, where appropriate, legal, financial, risk, equality and diversity implications.

It is a requirement for Members to declare any interests in the report at the beginning of the meeting. As part of the governance trail Members also declare if they held any executive positions with organisations that carry out business with the Council. In 2020/21 the Council received declarations from all 41 councillors.

P MCK TO CHECK ON CLOSING at the end of May

The Overview and Scrutiny Select Committee carries out the overview and scrutiny functions conferred by regulations under Section 32 of the Local Government Act 2000. The Committee may review and/or scrutinise decisions made or actions taken relating to the discharge of any of the Council's functions. In exceptional cases it may "call in" a Committee decision for further consideration before it is implemented. The Committee makes reports and recommendations to the Full Council and any Committee as it sees fit. The Committee prepares an Annual Report on their work programme for the Full Council.

The main aim of the Overview and Scrutiny Select Committee is to act as a "critical friend" to the Council to promote better services, policies and decisions. No Member may be involved in scrutinising a decision in which he / she has been directly involved.

The Council also has Planning, Licensing and Regulatory Committees which discharge the following regulatory functions:

- Decisions on planning applications and enforcement items.
- Regulation of taxis, private hire vehicles and other licenses including liquor and public entertainment.

CLT regularly reviews the Corporate Risk Register. The objectives of the Risk Management Strategy are to support the Council identifying risks which need to be mitigated as well as identifying future threats and opportunities. During 2020/21 risk management included the implications of the pandemic - mainly on the way we delivered services.

By ensuring our strategic risk position is reviewed regularly, we seek to improve our customers' lives by taking the appropriate action against risk which may impact on the services they value.

Annual Governance Statement 2020/21

We also seek to minimise the financial impact by mitigating the cost of an event occurring through cost effective mitigation.

Previously, the Environment and Sustainability Committee agreed to enhance our emergency planning and risk management capacity by entering into a three-year contract with a mutual, Applied Resilience. This Council and Spelthorne Borough Council each hold 10% of the shares and share in the future distribution of profit. However, the main reason for establishing the Mutual was to increase the staff base which brings additional expertise to the Council. The increase in capacity has benefited not only response to emergencies but also disaster recovery, business continuity and general risk management. Both Runnymede and Spelthorne Councils have appointed their Chief Financial Officer as Non-Executive Directors of Applied Resilience to protect their Council's financial interests. This relationship was in place during 2020/21.

The CLT and the Applied Resilience team oversee and manage risk by:

- reviewing the strategy regularly
- ensuring a consistent approach to risk across the Council
- acting as a central point for the co-ordination and dissemination of information on risk
- meeting quarterly to review and update the Corporate Risk Register

F Managing risks and performance through robust internal control and strong public financial management

The Members and Officers, starting in early September each year, spent a number of weeks preparing options for the following year's budget. This Member/Officer group completed and produced a budget strategy by December 2020. The objective was not only the future financial resilience of the Council in an environment where Central Government grant may be reduced but to improve services to residents by reducing overhead costs. The pandemic also significantly reduced the Council's income from rents and services, and increased costs. The budget surplus for 2020/21 is now a deficit budget. In 2021/22 a significant part of the Council's efforts will be the financial sustainability of the Council.

Members receive specific training on the regulative functions, e.g. Planning, and on the Constitution from the Monitoring Officer. From 2016 to 2019/20 a number of training sessions have been run for newly elected Councillors on various topics including local government finance. Training and seminars are also provided on topics such as risk management and asset management. The pandemic has reduced Member training to a minimum.

In February 2019, following an extensive consultation exercise, the council tax support scheme was significantly updated for implementation in 2019/20 and 2020/21.

All Senior Officers completed a declaration relating to the governance, internal control and assurance framework in their business area. This covered areas such as risk management, use of resources to meet Council objectives, community safety, the Council's equalities obligations and financial probity.

Financial management and controls

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Managers within the Council undertake development and maintenance of the system. The system includes:

- Comprehensive budgeting systems;
- Clearly defined capital expenditure guidelines;
- Named Budget Managers who have the responsibility for delivering services within the approved budget;

Annual Governance Statement 2020/21

- Setting targets to measure financial and other performance;
- Periodic and annual financial reports comparing financial performance against forecasts;
- Formal project management disciplines with regular reporting mechanisms to the Corporate Leadership Team and a report on completion of each project to sponsoring service committees; and
- A detailed annual Internal Audit Plan with priorities and an inspection regime reflecting the risk assessment of the service.

The Council has also adopted a Procurement Strategy that aims to promote best practice and ensures that the procurement of goods and services achieves value for money. The internal audit review of “key financial systems and control” had no issues to report to the Standards and Audit Committee.

G Implement good practices in transparency, reporting, and audit to deliver effective accountability

The Council is committed to eliminating discrimination within the workplace and the community and had achieved the “achieving” level of the Equality Standard for Local Government. Due to cost implications the Council did not renew the accreditation. However, we have an Equality Policy and equality objectives in accordance with the Equalities Act 2010.

The Council has a Customer Complaints Policy which states that a complaint will be acknowledged within three working days. The key points of the Policy are:

“Runnymede Borough Council recognises the importance of providing an excellent service to every member of our community. A core part of this is an open, responsive approach to feedback and complaints, the central monitoring of which is a key governance role.”

Runnymede has a formal approved process in place that details how staff should handle complaints. This was last updated in 2020 and is kept under continuous review. Runnymede has a two-stage procedure in place. Any complaint is initially handled by a senior manager in the appropriate section. It must be acknowledged within three working days and a full response given within 10 working days. If the complainant is not happy with the stage one response, they can make a stage two complaint which will be dealt with by the relevant head of service. This officer will review both the complaint and the stage one response and will respond further within 10 working days. The conclusion of stage two is the end of the Council's formal complaints procedure. The complainant, if they wish, can contact the Local Government Ombudsman and the Council provides all the relevant contact details.

Complaints against Members and co-opted Members will be referred to the Monitoring Officer. Complaints against a member of staff who would normally handle the complaint at that stage will be referred to their line manager. Complaints against a business centre manager will be referred to the Chief Executive. There are separate arrangements in respect of allegations of financial impropriety, criminal activity or unlawful harassment or discrimination. A separate policy exists to deal with the management of unreasonable complainant behaviour (vexatious complaints).

If the complainant remains dissatisfied after having exhausted the formal complaints procedure, he/she may also decide to complain to the Local Government Ombudsman if he/she believes the Council has not handled matters properly.

Complaints (and compliments) are analysed quarterly and a report on these and any lessons learnt is considered by Standards and Audit Committee.

The Council has a “whistle blowing” policy included in the anti-fraud and corruption strategy which has been given to every member of staff.

The Council in 2020/21 had one finding of maladministration against it by the Local

Annual Governance Statement 2020/21

Government Ombudsman.

All Council meetings are open to the public, except where personal or confidential matters are to be discussed. All agendas and minutes are placed on the Council's public website and are also available by contacting the Council should electronic access not be possible. During 2020/21 almost all meetings took place remotely via MS Teams with audio access to the public.

The Council engages in formal consultation on the following year's budget and at the end of the financial year an Annual Statement of Accounts is produced and their availability for inspection by the local electorate is published. The public notice includes detail of how to contact the Appointed Auditor should an elector wish to make an objection to the accounts.

The Council's Corporate Business Plan was subject to wide range public consultation. The vision for Runnymede is:

"A vibrant Borough with a high-quality environment, where we maximise opportunities with partners to provide services which are highly regarded by local people."

The Corporate Business Plan is the Council's highest-level strategic document for senior managers and the responsible committees to monitor and review, as well as highlight where slippage or other difficulties are occurring, and appropriate recovery strategies need to be put in place. Progress reports on performance indicators are reported to Committees on a regular basis.

The Council's Performance Management Framework is a continuing process to increase the efficiency, accountability and analysis of performance management information, and aid greater ownership of performance by staff and Members alike. Business Unit/ Team Plans were in place for 2020/21, however the pandemic has caused significant changes.

Audit Committee and the internal audit function

The Constitution sets out the role and function of the Standards and Audit Committee. The Internal Audit section reports to the Assistant Chief Executive (Responsible Finance officer) The Chief Internal Auditor reports on the plans and progress of the internal audit function directly to the Standards and Audit Committee. The complete internal audit service has been provided under contract. The Audit Committee members meet privately with TIAA and the Council's appointed auditor, BDO LLP privately at least once a year.

Ensuring compliance with established policies, procedures, laws and regulations

The Corporate Heads, via the Chief Executive, are ultimately responsible to the Council for ensuring compliance with established policies, procedures, laws and regulations. The roles of the Head of Paid Service, the Monitoring Officer, and the Responsible Finance Officer are set out in legislation and reflected in the Constitution of the Council. The Council's Legal Section reviews all reports to service committees to ensure propriety and provides advice on the impact of legislation. This includes a review of forthcoming legislation likely to impact on Runnymede.

Internal audit and external audit

The role of the Internal Audit function is to review compliance with financial procedures and other policies, to monitor the economy, efficiency and effectiveness of operations by advising and commenting on how risks are being managed, and to review arrangements for the security of the Council's assets. The Internal Audit Section contributes to the maintenance of effective corporate governance by:

- providing assistance in the development of internal financial controls
- ensuring that all significant business systems are subject to appropriate financial control, through targeted audit coverage using an appropriate risk-based approach

Internal Audit also provides an independent and objective opinion to the organisation on the degree to which internal controls support and promote the achievement of the organisation's objectives. The operational and management arrangements for Internal Audit are as follows:

- The Standards and Audit Committee reviews the audit coverage undertaken during the

Annual Governance Statement 2020/21

previous year and the audit plan for the forthcoming year;

- Internal Auditors conduct their work in accordance with professional standards set out in the Public Sector Internal Audit Standards (PSIAS);
- The Chief Internal Auditor has access to all senior managers and internal auditors have access to all records held by the Council when required;
- The work of Internal Audit is based on an evaluation of risk.
- Internal Audit produces an annual report that provides an opinion on the overall control and risk environment and reports on significant findings in the year.

A report on Internal Audit coverage in 2020/2021 will be presented to the Standards and Audit Committee in summer 2021.

Internal audit reports to the Assistant Chief Executive comply with the CIPFA Statements on the *Role of the chief financial officer in local government* in respect of his Section 151 Officer responsibilities.

At operational level, recommendations from Internal Audit Reviews are discussed and agreed with departmental management. At a strategic level, summary reports in respect of completed internal audit reviews are presented to the Standards and Audit Committee.

Local authorities are also required to review the effectiveness of their system of Internal Audit once a year and present the findings to a committee, or full Council, as part of the consideration of the system of internal control. The Standards and Audit Committee duly considered the results of this review.

The Council has set a balanced budget for 2020/21 and a balanced medium-term financial outlook. The pandemic has caused a deficit budget for 2020/21. The budget includes contingencies for managing risk and a planned use of reserves to mainly fund the regeneration plans of the Council. However, the Covid 19 pandemic does mean the Council will re-visit all its financial plans in October 2021 as the economic outlook becomes clear. The Annual Governance Report and Annual Audit Letter are published on our website (www.runnymede.gov.uk)

Other explicit review and assurance mechanisms.

A corporate compliance and review mechanism require all Senior Officers to be explicitly responsible for:

- reviews of plans and procedures;
- ensuring that process reviews demonstrate continuous improvement;
- implementing agreed actions from internal audit reports;
- ensuring that staff personal development programmes are relevant to service delivery;
- monitoring Business Centre/Team Plan targets and budgets and reporting performance and variations.
- budget monitoring and control with monthly projected full year spend reported to the Corporate Leadership Team

Internal Audit investigations provide scrutiny of the required actions and report on instances of non-compliance

Significant governance issues

Where weaknesses in controls have been identified the Council has acted to strengthen controls in these areas. No significant weaknesses in internal control have been identified.

The need to achieve improvements in the following areas to further enhance our governance arrangements had been identified in the attached action plan.

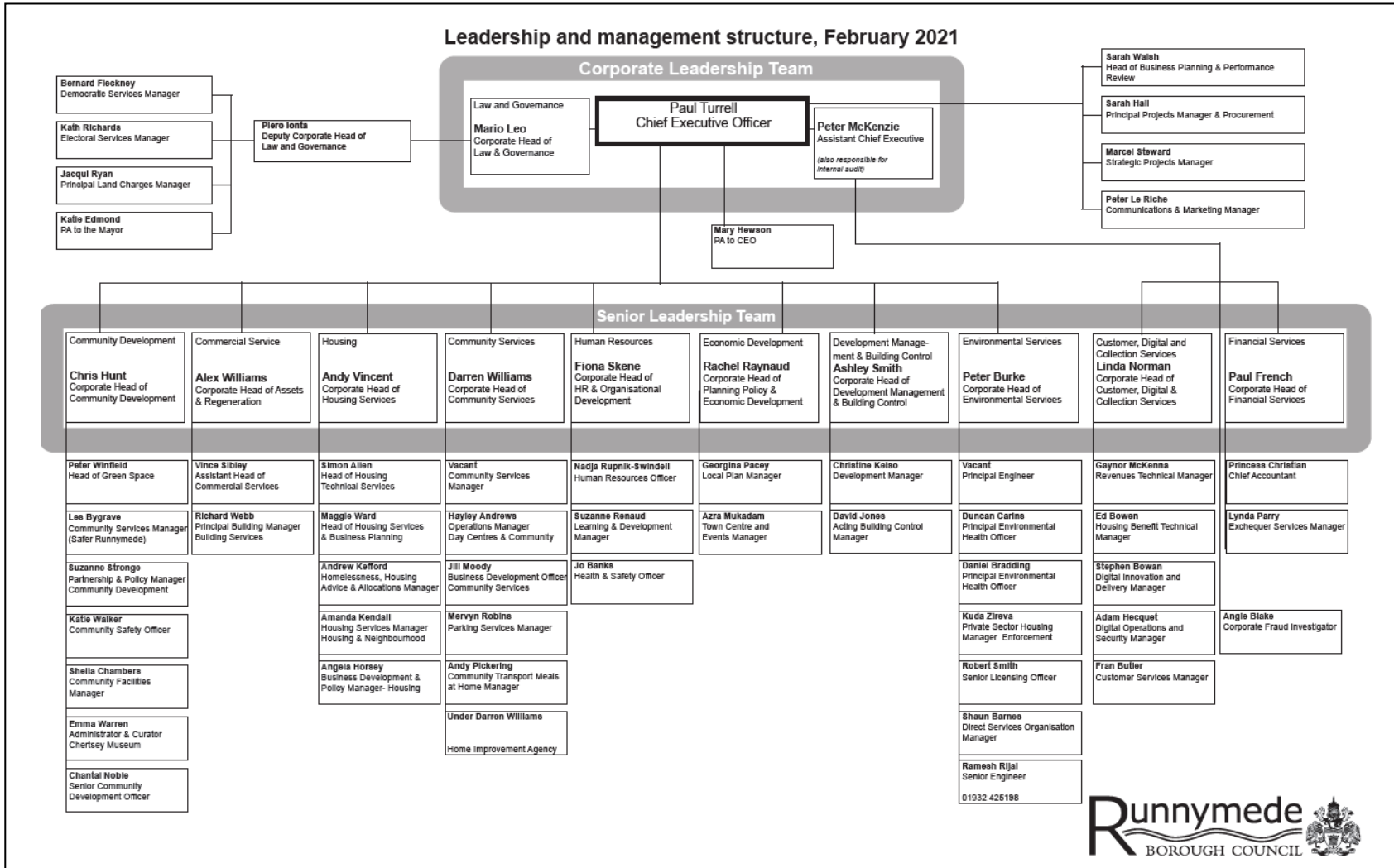
Annual Governance Statement 2020/21

Councillor N H Prescott
Leader of the Council
27 May 2021

Mr. P Turrell
Chief Executive
27 May 2021

Annual Governance Statement 2020/21

Leadership and management structure, February 2021



Annual Governance Statement 2020/21

Action Plan

Item	Issue	Actions taken	Further actions required	Timescale
1.	<p>Partnership working</p> <p>There is a growing pressure for the Council to deliver services and policy objectives in partnership with a wide range of organisations from the public, private and voluntary sectors.</p> <p>There is a risk that local authorities may enter into partnerships without due regard to controls, financial and operational risks, and robust governance procedures.</p>	<p>The Council's Internal Control Framework deals with aspects of joint working in a comprehensive way e.g. contract standing orders set out the arrangements to follow for contractual arrangements, service level agreements are established with organisations receiving annual revenue grants.</p> <p>During 2019/2020 a number of partnerships increased in size and / or scope. This includes a partnership agreement with Surrey Heath Borough</p> <p>In 2018/19 the Council entered into a partnership with Reigate and Banstead Borough Council to provide additional fraud investigation capacity. The partnership continued in 2019/20</p>	<p>1. The Council has developed its shared service strategy formulating a number of partnerships with Spelthorne BC, Elmbridge BC, Surrey Heath BC and Surrey CC. This policy will continue where it is clear this will provide business improvement, savings or greater resilience</p> <p>2. The Council continues to work with Surrey County Council on its transformation plans in 2019/20 and beyond as the UK moves into Covid recovery</p> <p>This has resulted in some significant short term but predominantly longer-term opportunities for savings and service improvement</p>	<p>On-going</p> <p>On-going</p>
2.	<p>Business Continuity Planning</p> <p>A Business Continuity Plan is a series of arrangements to ensure that standards of service are maintained during a period of disruption. There are some gaps in the planning process which could be improved i.e. plans at a service level. The greatest risk is an incident that leaves all or a substantial part of the Civic Centre unusable for a period.</p>	<p>The role of the Risk and Resilience service provided by Applied Resilience is to help prepare the organisation to effectively respond to disruptive events that threaten delivery of services.</p>	<p>As the Council's new management structure is embedded Business Continuity Plans will be re-visited in 2020/21</p>	<p>On-going</p>
4.	<p>Commercial property Rents</p> <p>In late 2016 it became clear that a number of commercial rent reviews had not taken place for a number of years. Over the last decade the loss of income to the Council is likely to exceed £1m on one rent review. The internal Audit</p>	<p>Members approved a new structure that transferred responsibility for reviewing commercial rents to the Commercial Services Section.</p>	<p>Additional professional resources have been brought in to review all the Council's leases and carry out rent reviews where needed.</p> <p>Corporate Management Committee and Standards and Audit Committee will continue to receive update reports for decision as.</p>	<p>Mar 2018 and on-going in 2021/22</p>

Annual Governance Statement 2020/21

	undertaken identified a number of recommended actions which have been agreed by the Standards and Audit Committee			
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11. **Local Government Ethical Standards – Best Practice Recommendations – Update on Implementation (Law and Governance, Mario Leo)**

Synopsis of report:

To provide the Committee with an update on the Council's implementation of the Best Practice Recommendations from the report issued in January 2019 by the Committee on Standards in Public Life and endorsed by this Committee in September 2020.

Recommendation(s)

None. This report is for information

1. **Context of report**

- 1.1 Members will recall that in January 2019, the Committee on Standards in Public Life published its report and recommendations on ethical standards in local government, following a year-long review and wide consultation.
- 1.2 The Committee issued 15 recommendations on good practice with regard to matters concerning, amongst other things; the Member Code of Conduct and how a local authority deals with complaints against elected Members as well as promoting transparency and accountability and the other Nolan Principles.
- 1.3 This Committee endorsed those recommendations that were relevant to us as a district Council at its meeting in September 2020 and full Council adopted these accordingly in October 2020. The new Model Code of Conduct was approved by this Committee in January 2021 and was adopted by full Council in April 2021, effective from 19 May 2021.

2. **Report**

- 2.1 Officers agreed to provide an update to this Committee on progress with implementation of the 15 recommendations.

List of Best Practice Recommendations

Best Practice 1: Local Authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.

- 2.2 The Council adopted the new Model Code of Conduct containing this provision in April 2021.

Best Practice 2: Councils should include provisions in their code of conduct requiring Councillors to comply with any formal standards investigation and prohibiting trivial or malicious allegations by Councillors

- 2.3 This is part of the new Model Code of Conduct, now adopted. Any complaints made against a Councillor or co-opted Member from 19 May 2021 would require the Councillor in question to comply.

Best Practice 3: Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities

- 2.4 The Code of Conduct is reviewed every year as part of the review of the Constitution, most recently published version in April 2021. A public notice was published locally and displayed on the Council website from the last week of April 2021.

Best Practice 4: An authority's code should be readily accessible to both Councillors and the public, in a prominent position on a council's website and available in council premises

- 2.5 This has been complied with. All Councillors, whether existing or newly elected were furnished with a copy of the Model Code and asked to complete a new Declarations of Interest form by Friday 28 May. The report on the Annual Governance Statement elsewhere on this agenda refers to compliance with that provision.

Best Practice 5: Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV

- 2.6 This has been complied with. Where Councillors have declared gifts and hospitality they appear under their Declarations of Interest forms on each individual's profile.

Best Practice 6: Councils should publish a clear and straightforward public interest test against which allegations are filtered

- 2.7 This has been complied with and appears in the Constitution published in April 2021.

Best Practice 7: Local authorities should have access to at least two Independent Persons.

- 2.8 Members will recall that at the meeting of Corporate Management Committee in September 2020 Members resolved that the Monitoring Officer was authorised to advertise a vacancy for the appointment of 2 Independent Persons and 1 in reserve. A panel consisting the Chairman and three other Members of this Committee would be convened to short list and interview candidates and recommend to full Council accordingly.

- 2.9 Owing to the restrictions regarding Covid, we have not yet advertised, but plan to do so once the Government advise that is safe to hold face to face interviews/meetings.

Best Practice 8: An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the opportunity to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious or trivial

Best Practice 9: Where a local authority makes a decision on an allegation of misconduct following formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied

2.10 These were both implemented from 19 May 2021.

Best Practice 10: A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes

2.11 This has been implemented and when the new website goes live in the next couple of months we are also looking to have an interactive form that people can complete on-line if they prefer that to sending a letter or an email, and submit direct to the Monitoring Officer or his deputy. Assistance would be provided to people if needed for whatever reason to submit a complaint. For example, someone without access to the internet or email.

Best Practice 11 and 12

2.12 Members will recall these only apply to parish councils, therefore no further action was necessary.

Best Practice 13: A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.

2.13 The Scheme of Delegation in the Constitution was updated, effective from 19 May 2021. Some examples of potential conflicts of interest are included.

Best Practice 14: Councils should report on separate bodies they have set up or which they own as part of their annual governance statement, and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness, and publish their board agendas and minutes and annual reports in an accessible place.

2.14 As reported to this Committee in September 2020, this recommendation is partly complied with. The Council's Statement of Accounts contains financial data on RBCI, RBCS and the RBC Heat Company, together with further information in the Annual Governance Statement regarding ownership and how the companies operate and are accounted for. The Group accounts are published on the Companies House website. The Council does not currently publish their agendas, minutes or annual reports but is content to do so in future with the caveat that some commercially sensitive information may be redacted.

Best Practice 15: Senior Officers should meet regularly with political group leaders or group whips to discuss standards issues.

- 2.15 This has been implemented. The Chief Executive meets the Political Group Leaders every 4 weeks, also in attendance are the Assistant Chief Executive, Monitoring Officer and Communications and Marketing Manager. In addition, the Chief Executive meets the Chairmen of the Service Committees on a monthly basis, which is now serviced by Democratic Services. The other Officers attending these meetings are the Assistant Chief Executive, Monitoring Officer and the Council's Strategic Projects Manager.

3. Policy framework implications

- 3.1 A new draft Corporate Business Plan is currently being drafted which is it is anticipated will be published in May 2022. The plan takes a thematic approach; 'Empowering Communities' is most likely to be relevant to these recommendations. The role of elected Members is to provide local leadership and an important aspect of that role is for residents to have confidence in their Councillors.

4. Resource implications

- 4.1 Any subsequent updates to the Code of Conduct and/or relevant procedures for dealing with complaints about elected Councillors were met from within existing resources.

5. Legal implications

- 5.1 The Committee on Standards in Public Life is an independent, advisory non-departmental public body (NDPB) established in 1994. The Committee is not founded in statute and has no legal powers to enforce its recommendations.

6. Equality implications

- 6.1 The Council is required to have due regard to its public sector Equality Duty before approving the proposed implementation of these recommendations.

- 6.2 The Council's Duty is stated under the Equality Act 2010 and is to have regard to the need to:

- a) eliminate unlawful discrimination, harassment or victimisation
- b) advance equality of opportunity between persons who share a Protected Characteristic and persons who do not share it
- c) foster good relations between those who share a relevant characteristic and those who do not

- 6.3 Clearly, the explicit reference to bullying and harassment will have a positive impact for anyone with a protected characteristic should they experience unacceptable behaviour. The Nolan principles complement the promotion of equalities.

- 6.4 Officers did not consider that this exercise necessitated an Equality Impact Screening Assessment.

(For information)

Background papers

Best Practice Recommendations from the report issued in January 2019 by the Committee on Standards in Public Life.

12. **Complaints and Compliments - Quarter 4 2020/2021 (Law and Governance, Clare Pinnock)**

Synopsis of report:

To provide Members with a summary of the complaints and compliments received from 1 January – 31 March 2021 (Quarter 4 of the KPI reporting structure), and reporting on any matters that have arisen since the last meeting of the Committee in January 2021.

Recommendation(s):

None. This report is for information.

1. **Context of Report**

- 1.1 The Council maintains a spreadsheet of formal complaints which have been recorded (and a separate register for those in which the Local Government and Social Care Ombudsman (the Ombudsman) has been involved), what they relate to and how they have been resolved. We maintain a similar spreadsheet for compliments and there is an overdue complaints register which helps us keep track of unresolved complaints.

2. **Report**

- 2.1 The Council's Complaints Procedure regards complaints as 'an expression of dissatisfaction about a Council service (whether the service is provided directly by us or by one of our partners/contractors) which requires a response.' This is in line with the definition of a complaint that the Ombudsman recommends.
- 2.2 It is the responsibility of Corporate Heads to ensure that complaints are dealt with and compliments recorded in a timely way and that entries on the central registers are accurate and comply with the General Data Protection Act. Service Requests, and people seeking information and explanations of Council policy are not generally regarded as complaints. Nevertheless, they should still be dealt with in a timely manner, be as helpful as possible to avoid a complaint being lodged subsequently and to maintain a high standard of customer service to our residents, businesses and visitors to the borough.
- 2.3 There were 45 entries in the complaints register and 54 compliments recorded in Quarter 4 of 2020/2021.
- 2.4 **Complaints Quarter 4 2020/2021**

The table below sets out the figures for Quarters 1, 2 and 3 and 4 for 2020/2021:

Business Centre	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Commercial Services	0	0	0	1
Community Development	1	1	3	6
Community Services	0	0	0	0
Corporate Services	0	0	0	0
Customer, Digital and Collection Services	2	5	2	4
Development Management and Building Control	3	5	0	3
Economic Development and Planning Policy	0	0	0	0
Environmental Services	0	13	10	5
Financial Services	0	2	0	7
Housing	4	9	10	19
Human Resources	0	0	0	0
Law and Governance	1	0	2	0
Totals	11	35	27	45

- 2.5 Of the 45 complaints recorded, 23 were upheld. However, some of the complaints were all about the same thing. For example, the website payment for services which is owned by Financial Services has been experiencing difficulties which we are working hard with the supplier to resolve, so although ascribed to Financial Services it is not their fault as such because they are doing all they can to resolve the problem. Housing had a lot more complaints but only 7 of them were upheld, and again these were mainly concerning contractors. It should also be noted that some of the complaints dealt with by Community Development concerned a fault with the ANPR system at the Pleasure Grounds which has now been fixed by the supplier. All of these go some way to explaining why there was a higher number of complaints in Quarter 4. The complaints referred to above with two systems in Finance and Community Development only occurred in Quarter 4.
- 2.6 In Quarter 4 we received a significant number of service requests from people who had not used the correct reporting form. For example missed bin collections, reports about anti-social behaviour, noise, abandoned vehicles and complaints about neighbours in private properties, as opposed to Council Housing, most of which have a report form which should route to Customer Services. These requests are forwarded to the Service department to deal

with and do not go on the register which is reserved for genuine complaints or which are our responsibility to deal with.

2.7 The general complaints form no longer routes to Democratic Services, instead it currently routes to Customer Services. Therefore, staff in that section will play a vital role in identifying what needs to be included on the register and they have been briefed accordingly. We have been discussing with Digital Services improvements for when the new website goes live to ensure the information needed for these reports is available.

2.8 There were 4 complaints either overdue or still in progress in Quarter 4 and some had not reached their deadline to respond at the time of writing this report. The relevant managers were sent a reminder and we rely on the register to advise Officers of impending deadlines. The relatively small number of overdue complaints from previous quarters (9) have effectively been closed unless the resident pursues the matter. This includes incidents where Officers have requested further details but the residents have not provided the information needed to resolve their complaint. The entries do however remain on the overdue register in the event that an audit trail is required.

Lessons Learned

2.9 Members have requested some analysis of complaints and how service improvements can be made using the data available and for this section on lessons learned to be reinstated into this report. The following has been identified from information provided in the original complaints form and responses copied to Officers.

- To ensure that suppliers have carried out our instructions
- To ensure staff have regular refreshers on legislative changes
- To ensure when there is staff absence that work in progress is picked up by colleagues if possible to avoid delays
- To communicate some of our policies more effectively to residents
- To respond to what are defined as service requests promptly so that a resident does not have to make a complaint

2.10 **Compliments Quarter 4 2020/2021**

The table below sets out the figures for Quarters 1, 2, 3 and 4 for 2020/2021:

Business Centre	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Commercial Services	0	0	0	1
Community Development	10	15	3	17
Community Services	1	0	2	2
Corporate Services	1	2	0	1
Customer, Digital and Collection Services	9	2	4	8
Development Management and Building Control	0	2	0	0
Economic Development and Planning Policy	0	1		0
Environmental Services	30	18	20	22
Financial Services	0	0	0	0
Housing	4	2	2	2
Human Resources	0	0	0	0
Law and Governance	1	1	0	0
Totals	56	43	31	54

- 2.11 There were 54 compliments received for Quarter 4 2020/2021. The details, where staff/particular sections were named, are set out in Exempt Appendix '1'.
- 2.12 Members are asked to note that we received one compliment that despite asking the most likely departments we were unable to trace who it was about. This was someone who assisted a resident whose car had stuck in the snow on Chertsey Bridge.
- 2.13 Community Development (Green Space) and Refuse and Recycling (including the Street Care teams) have maintained a consistently high number of compliments as have individuals in Customer Services.
- 2.14 The breakdown of complaints and compliments in Quarters 1, 2, 3 and 4 of 2020/2021 by Ward is set out below (- denotes complaints and + compliments)

Ward	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	-	+	-	+	-	+	-	+
Addlestone North		1	3		3		5	
Addlestone South	1	6	3	5	4	5	1	7
Chertsey Riverside	1	3	2	6		1	3	2

Chertsey St Ann's	1	7	2	3	2	2	3	5
Egham Hythe		1	2	1	2	1	3	1
Egham Town		2	4	2	2	6	2	5
Englefield Green East		5		2			2	3
Englefield Green West	3	1		5	4	1	2	1
Longcross, Lyne and Chertsey South		1		1		1	3	
New Haw	3	2	2	1		1	6	1
Ottershaw	1	3	3		3		5	4
Thorpe		3	2	3	3	2	1	2
Virginia Water		5	2	1	1	3		3
Woodham and RowTown		2	1	4	1	4	2	4
Out of Borough		2	2	3		3	4	14
Unrecorded	1	12	7	6	1	1	3	2
Totals	11	56	35	43	27	31	45	54

- 2.15 Ward based information is fairly consistent. For Quarter 4 Addlestone North, New Haw and Ottershaw experienced a small spike of complaints but they were all about different things.
- 2.16 With regard to compliments the Committee will notice that 14 were from people outside the borough. All but two of these were from people full of praise for our Cemeteries team in Green Space. The other 2 out of borough were for Customer Services. Residents in Addlestone South appear to be consistently happier with our services; in particular Refuse and Recycling and a member of staff in Housing and Neighbourhood Services who received two compliments. Chertsey St Ann's residents had 4 compliments for refuse and recycling.
- 2.17 The recording and periodic review of complaints and compliments is a valuable tool for the Council to use to review performance and improve the delivery of services.
- 2.18 Compliments highlight when things are working well and can be used to identify good working practices which can be shared across the organisation. For example resolving issues promptly where possible and keeping residents informed.

3. Policy framework implications

- 3.1 The procedure note for feedback has been updated to reflect the re-routing of the general complaints form back to 'general enquiries' in Customer Services.

4. Resource implications

- 4.1 The registers are co-ordinated by an Officer in Law and Governance; under the remit of the Monitoring Officer, as recommended by the Ombudsman and it is considered to be an important part of Corporate Governance and one which assists Councillors to have an overview of how the Council is performing.

5. Equality implications

- 5.1 The Council has a duty under the Equality Act 2010. Section 149 of the Act provides that we must have due regard to the need to;
- a) eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act
 - b) to advance equality of opportunity
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share protected characteristics.

We should at all times act in a way that is non-discriminatory through our policies and procedures and interactions with people.

- 5.2 In the last reporting period there were a number of compliments relevant to the protected characteristics of age and disability, and one complaint that could be identified as relevant to disability, but no evidence of discrimination.

(For information)

Background papers

The Complaints and Compliments Registers held on the Council's feedback drive and relevant (part exempt) emails in Democratic Services Outlook folders.

13. Exclusion of Press and Public

OFFICERS' RECOMMENDATION that -

the press and public be excluded from the meeting during discussion of the following report under Section 100A(4) of the Local Government Act 1972 on the grounds that the report(s) in question would be likely to involve disclosure of exempt information of the description specified in paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act.

(To resolve)

Part II

Matters involving Exempt or Confidential Information in respect of which reports have not been made available for public inspection.

- | | | |
|----|--------------------------------------------------------------------------------------|----------------|
| a) | <u>Exempt Items</u> | Paras |
| | Exempt Appendix 1 to item 12 Complaints and Compliments – Quarter 4 2020/2021 | 1 and 2 |
| b) | <u>Confidential Items</u> | |
| | (No items to be considered under this heading) | |